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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12100 CERTIFICATE OF DEATH

12014

	Keg. Dist. No.
1. PLACE OF DEATH a. COUNTY.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
allegains MARYLAND	Warefland alleganis
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITYOR TOWN (If aviside carparate limits, write RORAL and give nearest town)
402, Cumberland Med.	R.D. 2 Currotand, Md
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS o. IS RESIDENCE ON A FARM?
R.102 Brattoners Pake	17 D2 13 alternore Pike YES NOB
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year
(Type or print) Laint Esther	Cluber DEATH NOV 5 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
ternale While WIDOWED DIVORCED	Upmi 28/901 58 yrs.
On USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Slote or foreign country) . 12. CITIZEN OF WHAT COUNTRY
Houseunfe	Chilleroths, Messown U. S. H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hawkins	I da Chrich
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Addyess
none for	ster 1. Cuper. Riba. Cumberland, Ma
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	W Thrombosia ONSET AND DEATH
DUE TO	1
Conditions, if ony, which)	
gove rise to immediate DUE TO	Que .
lying couse lost.	velotion Selevotic 1/20 1949.
PART IS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GOT IN PART 1(0) 19. WAS AUTOPSY
ATIO	PERFORMED?
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Part II of item 18.)
206. ACCIDENT WAS UNDERLYING () 206. DESCRIBE HOW INJURY OCCURRE OF OR THE OTHER OF THE OTHER OF THE OTHER O	
	ACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
Hour o.m. While Not while	ctory, street, office bldg., elc.)
λ7	
21. I certify that I attended the deceased from / YOU	25, 19 1, to 5 - 1959, that I last sow the deceased
alive on 1957, and that death	occurred of A.M. from the causes and on the date stated above
In the ordina	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE / M. / Illiams	MD & Genberland, MI 11659
PHYSICIAN'S	
NAME (Type)	
220. BURIAL CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF	OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
Danielin 11/9/197 T. Bushau	en (sematory Pettsburg Penna.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	248 REC'D' BY REGISTRAR 200 REGISTRAR'S SIGNATURE
Lours Sten Ing (undi	Mich. DATE NOV 1 2'59 aring & Known
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12013 the Mark the Mark the war all and

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) PLACE OF DEATH Allen & b. COUNTY o. COUNTY MARYLAND b. CITY OR TOWN III outside corpolate lie write Billeas C. LENGTH OF STAY IN 16 c. CITY OR TOWN optside corporale limits, write RURAL and give nearest fown) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE Month Lost Day Year November 2 1959 BARTLETT DEATH (Type or print) 9. AGE the years 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED IFUNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Days Hours Min. WIDOWED 177 DIVORCED T YES. too. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during page of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ames 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN ONSET AND DEATH Id. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: Sudden Coronary Occlusion IMMEDIATE CAUSE (a) **DUE TO** Advanced Arteriosclerotic disease Conditions, if ony, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? 1 YES T NOK 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1i of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Not while a.m. al work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry A and find that Inspection Accident . death resulted fram: Natural causes XX Suicide . Homicide . Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic. DEPUTY MEDICAL EXAMINER [X] 2. 1959 NAME (Type) Nov. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City_down, oc.county) (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Anne arthur & Kraus

DATE NOV 6

cute the certifical write forwarded to the Chief TO FUNERAL DIRECTOR: VS. A15ME(5) 5M 9/55

DEPUTY MEDIC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12016

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Allegany Maryland E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport d. STREET ADDRESS e. IS RESIDENCE 102 Cromer St. YES NOT 4. DATE Middle Month Year 1959 NOA 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years tast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Wheeling, W.Va. own home Francis Geiger 17. INFORMANT 16. SOCIAL SECURITY NO Address Charles Beck Westernport. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Chronic Myocarditis and Myocardia INTERVAL BETWEEN eveneration not specified PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 206. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) of work at work 21. I certify that I aftended the deceased from Novi 26 19.59 to NOV. 27 1959 that I last saw the deceased , and that death accurred at 6:06 A, M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) Paul R. Wilson, M.D. Ashfield St. Piedmont, W. Va. 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (State) Nov.29 Philos Cemetery Westernport Md23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus

DATEDEC 1

Piedmont, W.Va.

THE COUNTY OF THE J. Maraga Sal guarden land ped entite thought the thirty as a mention that execution the design and the Tell Mon. vol. N. E. Jewise C. J. M. etc.

VS A15 (4) 15M 9/55

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12087

CERTIFICATE OF DEATH

Reg. Dist. No.

o. COUNTY	Allegany	MARYLAND	o, STATE Marvi	and b. COUNTY A	l.legan
	outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL a	nd give nearest town)
d. NAME OF HOSPITA	AL (If not in hospital, give street 102 Cromer S		J. STREET ADDRESS 102 C	romer St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF BECEASED (Type or print)	First Henry	Middle	Beck	4. DATE Month OF DEATH NOV. 26	Day Yeor 19 59
5. SEX	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	lost birthdoy) Month	DER I YEAR IF UNDER 24 HRS. B Doys Hours Min.
Male 10a. USUAL OCCUPATIO during most of worki none 13. FATHER'S NAME	White WIDOW IN (Give kind of work done lobing life, even if retired)		ISTRY 11. BIRTHPLACE (Stote Wheeling 14. MOTHER'S MAIDEN F	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	enry Beck			Geiger	
	R IN U. S. ARMED FORCES? 16		harles Beck	Address Nesternport,	Md.
CATIC	DUE TO (c) ER SIGNIFICANT CONDITIONS			INAL DISEASE CONDITION GIVEN IN E	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING (1) 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	D. (Enter noture of injury in	rort I or rort II or Irem 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	While		LACE OF INJURY (Home, farm actory, street, office bldg:, etc		(County) (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo) 220. BURIAL, CREMATION		39, and that deat	m.p. 111 As Afric Id : Ashfi	Mov. 26, 1954, that M, from the causes and or ADDRESS (Street, city or town, state) St. Pied went WKS eld St. Piedmo. 22d. LOCATION (City, town, or count	the date stated above pate signed 11-27-59 nt, W.Va.
Burial (Specify)	Nov. 29, 195		emetery	Westermport	Md.
23. FUNERAL DIRECTOR'S	signature Ir.	Piedmont. W.		C 1 '59 246. REGISTRAR'S	S. Firema

130S)_ STATE OF THE PROPERTY OF THE STATE OF THE ST . August Been without La Tunh. Troughturen Tradelm Schull Mill 19.720 (0) (6) A Prophy and the contract of t

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Page 4

JING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

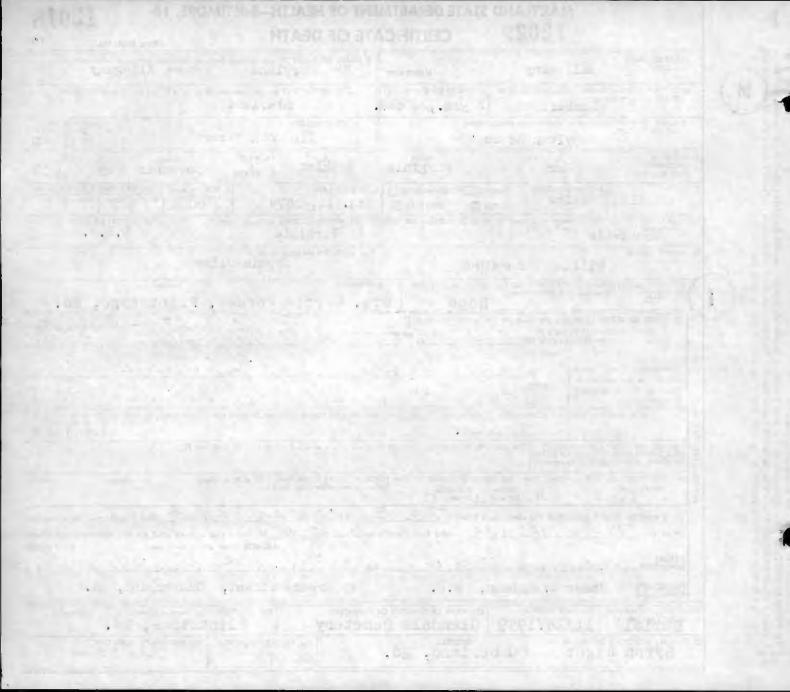
12018

		120	43	CERT	IFIC.	ATE OF I	DEATH			Reg. D	ist. No		N. A
1.	PLACE OF DEATH o. COUNTY	Allegany	7	MAI	RYLAND	2. USUAL RESI	Maryla	and	l lived. If institution b. COUNTY				ion)
	b. CITY OR TOWN (II RURAL and give ne	outside corporote limi orest town) Cumberlar	-	4 yrs., 2				erland	rote limits, write R	URAL ond	give ne	grest fown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Sylvan Retreat						d. STREET A		4th St	treet				FARM?
3.	NAME OF DECEASED (Type or print)	Mary	\$Î	Virg.		Beehl	l'er	4. DATE OF DEATH	Nove		25	ly '	59
5.	Female	6. COLOR OF RACE White	7. MARR	DED NEVER MAR		B. DATE OF BIRT Jan. 24			9. AGE (In years lost birthdoy) 80 yrs.	IF UNDE Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
10	during most of work Housew:	N (Give kind of work in a life, even if retired LTE	done 10b.	KIND OF BUSINESS	INESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) Virginia 12. CITIZEN OF WHAT U.S.A.						COUNTRY		
13.	FATHER'S NAME	William Fa	hnes	tock		14. MOTHER'S		phia (Cline				
130		R IN U. S. ARMED FOR If yes, give wor or dotes of s		None		nformant rs. Cai	rrie	Perde	Addi ew, Fli		ope	, Md	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	5	2 2 / 2	ili	uor	ary	Hey	postar	160	- INT	ERVAL BE	TWEEN DEATH
	Conditions, if or gove rise to in	nmediate (4.	22 72	480	ard	eal	K) e	queun	atro	2	?	
z	lying couse lost.	te nucei-	45	or S	ele	eral	Ar	per	coscl	ersi	0	2	
CERTIFICATION	3	er significant con	Seu	ule 1	224	ichood	0.		CONDITION GIV	EN IN PA	RT 1(o) 1		RMED?
L CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY	OCCUPRE	D. (Enter nature a	of injury in Pa	ort I or Part	II of item 18.)				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of w							(Stole)						
	21. I certify the	at I attended the	decease		ot death	occurred of	10 /2 1.380	W from	5/1, 1959 the causes o	,that I	last so	w the	decease
	ACTUAL SIGNATURE	James	3.5	Leau		м.о. 49	Tree	LDDRESS (Sti	reet, city or town,	ulu	rlec	W /	TE SIGNE
22.	PHYSICIAN'S NAME (Type)	James E. M					reene S						
	BULLAT	11/28/1	959	Glenda.					intstor			(State	4)
23.	Byron F	signature light	Cumb	erland,	Md.			BY REGISTI		Cathu			

DEC 1

DATE

VS A15 (4) 15M 10/57



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FUNERAL DIRECTOR:

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VS A1S (4)

15M 9/58

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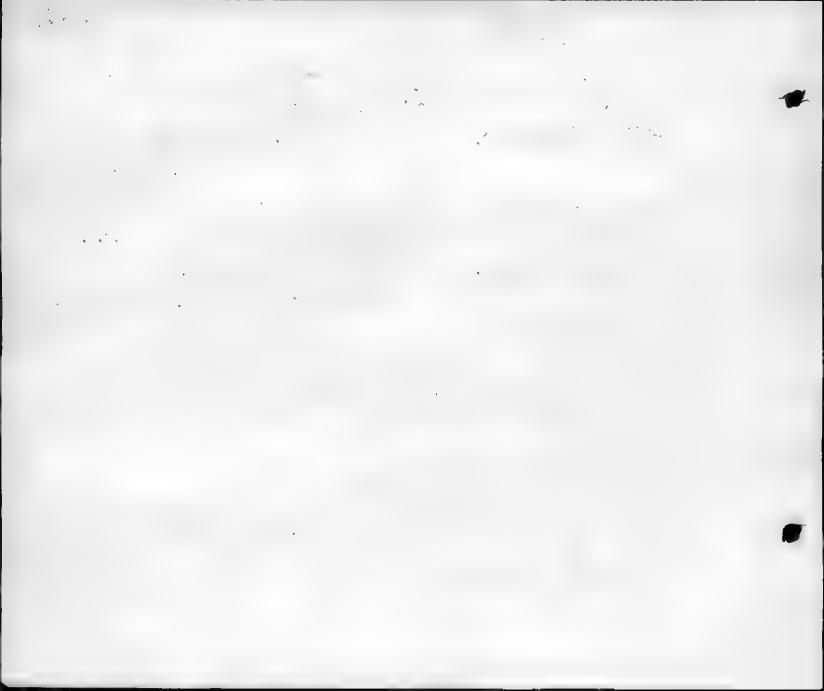
19

prior

2

the death certificate

papers.



22c. NAME OF CEMETERY OR CREMATORY

Hillcrest Burial

22d. LOCATION (City, lown, or county)

Park

24a, REC'D BY REGISTRAR

DATE NOV 1 9 159

Cumberland, Md.

24b. REGISTRAR'S SIGNATURE

Collins & Krases

0 VS. A15ME(S) 5M 9/55

220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

11-18-1959

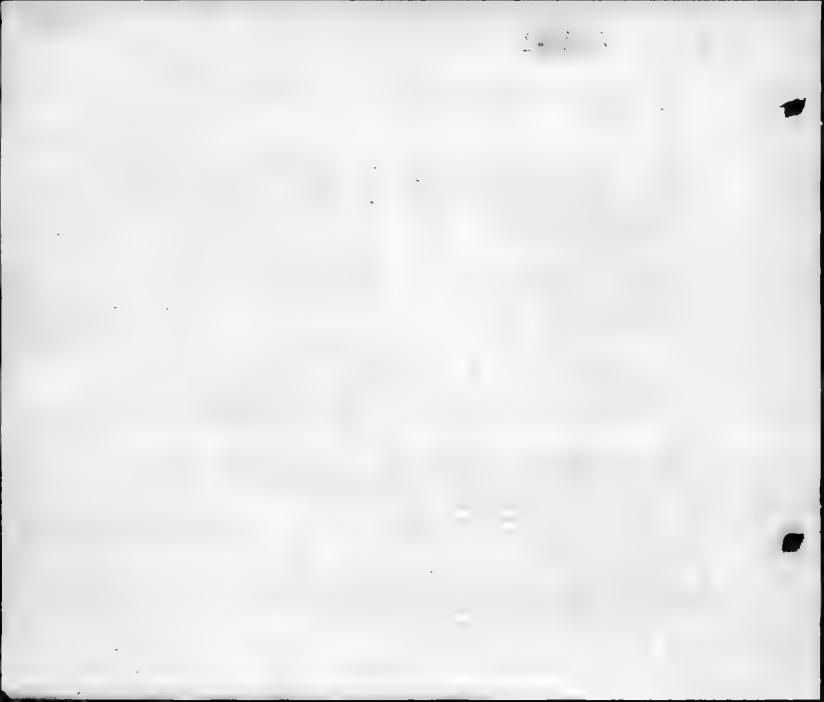
James F. Scarpelli. Cumberland. Md.



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VS A15 (4) 15M 9/55

12088	CERTIFICA	AIE OF DEATH	Reg. Di	st. No.
1. PLACE OF DEATH O. COUNTY A LLEGENY	MARYLAND	2 USUAL RESIDENCE (Where o. STATE	deceased lived If institution: Resider b. COUNTY Sov	MERSEV
b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)	LENGTH OF STAY IN 16	8 0 000 1 0	de corporate limits, write RURAL and 25 DALE 7:	give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION MINER'S HOS		d STREET ADDRESS	BROAD WAY	• IS RESIDENCE ON A FARM? YES NO (1)
3. NAME OF DECEASED (Type or print) HENERITTA	A GINES	BOLDEN 4	DATE Month OF DEATH NOV	Doy Year 2 1959
5. SEX 6 COLOR OR RACE 7. MARRIED WHITE WIDOWED		8. DATE OF BIRTH MAR 12, 18		Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIN during may of working life, even if retired)	140 US EWIF			TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME FOR DICLE M. V.		14 MOTHER'S MAIDEN NAM		: p
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOI	CIAL SECURITY NO. 17. II	NFORMANT WILLS	address Address	FROST BURY
1B. CAUSE OF DEATH [Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4443 × DUE TO	or (a). (b), and (c).]	remort	age i	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. (c)	Dertensi	ive Cora	disease	104,5.
PART II. OTHER SIGNIFICANT CONDITIONS CON	relety	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAR	PERFORMED?
206 ACCIDENT WAS UNDERLYING 206 DESCRIE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SE HOW INJURY OCCURRED	D (Enter nature of injury in Part	I ar Part II of ilem 18)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of wark 0	_ Not while fac	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	20f (City or town)	County) (State)
21. I certify that I attended the deceased alive on 195	from June 17, and that death		A, from the causes and on to RESS (Street, city or town, state)	last saw the deceased he date stated above. DATE SIGNED
PHYSICIAN'S HICIDIEH	L/MID.	From	tury ma	1
BURIAL NOV 24, 1959	2c. NAME OF CEMETERY OF		ROST BURG RD 2	(State) GARRETT, CO M
23. FUNERAL DIRECTOR'S SIGNATURE Mells Ray Leckenly	ADDRESS SMAINST. MEUFRS DAL	DE PA DATE NOV		-



Frostburg, Md.

VS A15 (4)

15M 9/58

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Joseph R. Durst.

arthur S. Thous



L		1210	2	CERTIF	ICAT	E OF DEAT	H		Reg. D	ist. No		
1.	PLACE OF DEATH a. COUNTY	llegany		MARYLA	il	usual residence (va. state	here decease	d lived. If institution b. COUNTY		leg		ion)
	b CITY OR TOWN (If RURAL and give nec	autside carporate lim	ıts, write	c LENGTH OF STAY IN	16	c. CITY OR TOWN (IF		orate limits, write R				1)
	Mt. Sand NAME OF HOSPITA	•		Lifetime		d. STREET ADDRESS	Sava					IDENCE FARM?
3.	NAME OF	ivage hua		Middle		Glenn	4. DATE	E_ROAU Mon	th	Do		Yeor
	DECEASED [Type or print]		arv	Franc	0.5	Brailer	OF DEATH			24t		19 50
5.	SEX		-	RIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IF UNDE	- U	44.8	- 1
]	Pemale	White	WIDOWI	ED DIVORCED	□ M:	I bacc are	280	lost birthday)	Manths	Days	Hours	Min.
	a. USUAL OCCUPATION	V (Give kind of work	dane 10b.	KIND OF BUSINESS OR			e ar fareign o	17	12 CI	TIZEN O	FWHATC	OUNTRY?
	Housekee	ng`life, even if retired Dem		wn housewo	rk	Marylan	đ			TISA		
13	FATHER'S NAME					4. MOTHER'S MAIDEN				UUS		
	George (. Braile	ייי			Emma Du	rki n					
	. WAS DECFASED EVER			SOCIAL SECURITY NO.	INFO	RMANT		Add	ress			
,	the second second	yes, give viol or collectivity			Joh	n H. Brai	ler.	Mt. Sav	age.	Mo		
Г	18. CAUSE OF DEAT	H [Enter anly one co	use per li	ne far (a), (b), and '(c).]		7 /	. /			INT	ERVAL BE	
	PART 1 DEAT	H WAS CAUSED BY	(-(N)	NYERSON LE	rita	- It da	166	Ce 2421		UN	SEI AND	DEATH
	420.0	DUE TO		13	1,		-					
	Canditians, if an	y, which)	(4)	Levi es al	Krt	rich it of	6			1	2 60	wood
	gave rise to im couse (a), stating the lying couse lost.					1						
Z	PART II OTHE			ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a)	9. WAS	AUTOPSY RMED?
FICATION	104	+ myll	E 6, 7,	ce assere	6-4	tres -						NO 🔼
CERT	OR CONTRIBUTING	UNDERLYING		CRIBE HOW INJURY OCC	URRED. (Enter noture of injury II	Port Car Par	t II of item 18)			·	
MEDICA	20c. TIME OF INJURY Hour a m, p. m,	Manth, Day Ye	ar 20d. II While at wor	Not while		OF INJURY (Home, far y, street, office bldg, e		y or tawn)		(Caunty)		(Stale)
	21. I certify the	it I offended the	deceos	ed from	18	, 19.5%, to	11/2	9, 19 <u>.[</u> ^y ,	that I I	ost so	w the d	eceosed
	olive an	11/20/12	2_, 19_	, ond that d	eoth o	and the second second	M. from	the causes on				
		1508 5	-6	01 -			ADDRESS (S	treet, city ar tawn,	stote)		DAT	E SIGNED
	ACTUAL SIGNATURE	CANA Ciry	1762	thinker his	M.D	48	Broad	way			11/-	24/19
	PHYSICIAN'S Ma	rtin M.	Roth	stein "		Ero	stbur	<u> 2</u>			_Md_	
27	O BURIAL CREMATION	, 22b. DATE THERE)F	22c. NAME OF CEMETI	RY OR C			TION (City, town,	or county)	(Stot	ie)
	REMOVAL (Specify) Burial	11-27-	59	St. Patri	ck';	s Cemeter	y Mt.	Savage			Mo	i.
23	FUNERAL DIRECTOR'S	SIGNATURE	//	ADDRESS		24a RE	C'D BY REGIS	TRAR 24b. REGI		IGNATU	RE	
	Joseph R	. Durst.	Fre	ostburg. M	Id.	DATE N	OV 2 7 5	9	Thung &	Hans	4.6	

TO HOSPITAL OR ATT ING PHYSICIAN: The flaw requires that the death certificate be executed within 24 hours after and in Poge 4 may be retained by the Caspital or attending physician.

TO FUNERAL DIRECTOR: After this mertificate has meen signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fitted with the registrar prior to burial, cremotion, or removal, and in ony event within 72 Jours after death.

VS A15 (4) 15M 9/5B



CERTIFICATE OF DEATH

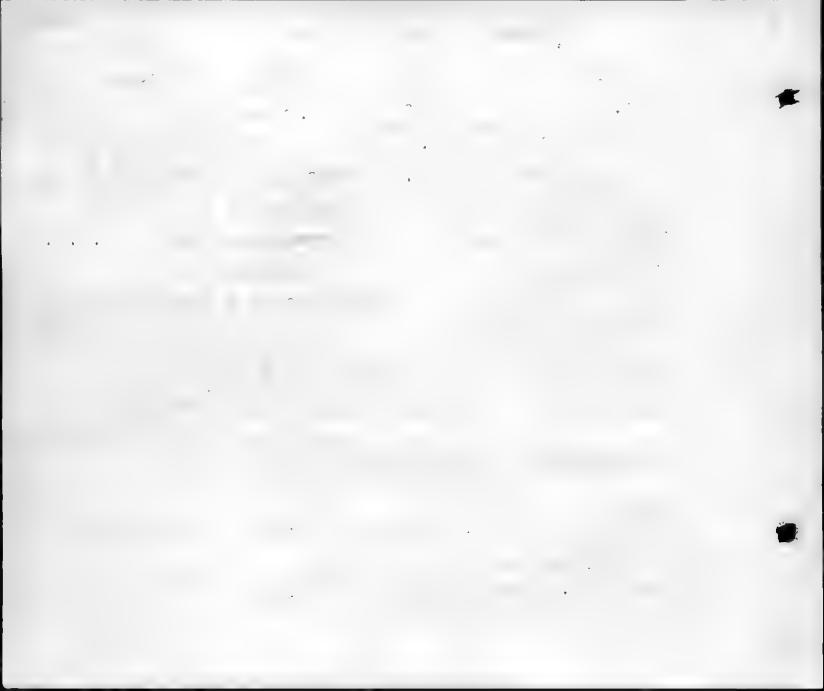
Rea, Dist. No

with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) a. COUNTY a. STATE **b.** COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town MT. SAVAGE DAYS MT. SAVAGE d. NAME OF HOSPITAL (If not in hospital, give street of the WARWICK d. STREET ADDRESS e. IS RESIDENCE & MEMOR ON A FARM? MEMORIAL HOSPITAL YES NO AVES. NAME OF First Middle 4. DATE Last Month Day Year DECEASED DANIEL DEATH 8 (Type or print) 0. BRIDGES NOVEMBER 1950 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED V NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years iast_birthdoy) Months Days Hours MALE WHITE DIVORCED [MARCH WIDOWED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? death U. S. A. ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BENTON BRIDGES ANNA MILLER 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address CUMBERLAND. MEMORIAL HOSPITAL # MARYLAND 0 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the under puo lying couse last WAS AUTOPSY PART IS. OTHER SIGNIF-CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES NO NO 20a ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work of wark 21. I certify that I attended the deceased from that I lost sow the deceased 9:50M, from the couses and an the date stated obove olive on and that death occurred at DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL prior SIGNATURE: PHYSICIAN'S OVERTON HIMMELWR (GHT NAME (Type 22b, DATE THEREOF 22d. LOCATION (City, town, or county) 220. BUR AL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 24b. 'REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR VS A15 (4) Cumberla Cithun S. Krays

filed Ö 8 bluods within 24 hours ofter -26 . = filled completely popers. puo physician guipu pleose ō permit. as bee≡ sign≡d **burial-transit** physicion certificate O FUNERAL DIRECTOR: A radge 3 should be detacht

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15M 9/S8



Page 4

NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12025

12033

CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE MARYLAND ALLEGANY						
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give recrest town) CUMBERLAND,	2 DAYS	C. CITY OR TOWN (IF		ts, write RURAL	and give nearest to	iwn)		
,	d NAME OF HOSPITAL (If not in hospital, give street or NSTITUTION MEMORIAL HOSPITAL MEMO	PET OCH THE STATE OF THE STATE	d. STREET ADDRESS	ER ST.		ON	ESIDENCE A FARM?		
	3 NAME OF DECEASED (Type or print) MARY	Middle ELIZABETH	BROWN	4. DATE OF DEATH	Month NOVEMBER	Doy 10.	Year 19 59		
		A	DATE OF BIRTH AUGUST 5. I	9. AGE		NDER 1 YEAR IF UN	DER 24 HRS		
1	100 USUAL OCCUPATION (Give kind of work done 11 during most of working life, even if retired) HOUSEWORK	Ownhome		ar fareign cauntry) AND, MARYLA		U. S.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN		-				
	MANLEY, Patrick 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	C COCIAL CCCUPITY NO. INI	UNKNOW	n	. 11				
	(Yes, no, or unknown) [If yes, give wer or dates of service]		EMORIAL HOSE	PITAL _	Address	RLAND, MD.			
2	I ≅ LOR CONTRIBUTING ☐ CAUSE OF DEATH!	acute Chimic				PERI	ID DEATH		
	20c. TIME OF INJURY Manth, Day, Year 20d	£	E OF INJURY (Hame, Farmery, street, affice bldg., etc.))	(County)	(State)		
/		ased fram (17) and that death of the control of the	1957, to occurred at 9:25 1336/16	hecherent	uses ond on or town, state) 224				
	22g. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial TI-14-59	22c. NAME OF CEMETERY OR St. Patricl		Cumber La			ate)		
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			иь. REGISTRAR				
	James F. Scarpelli C	umberland, Md.	DATE	UNV 1 7 '50	(1-1)	a 8 W			



X

a

CERTIFICATE OF DEATH

Reg. Dist. No.

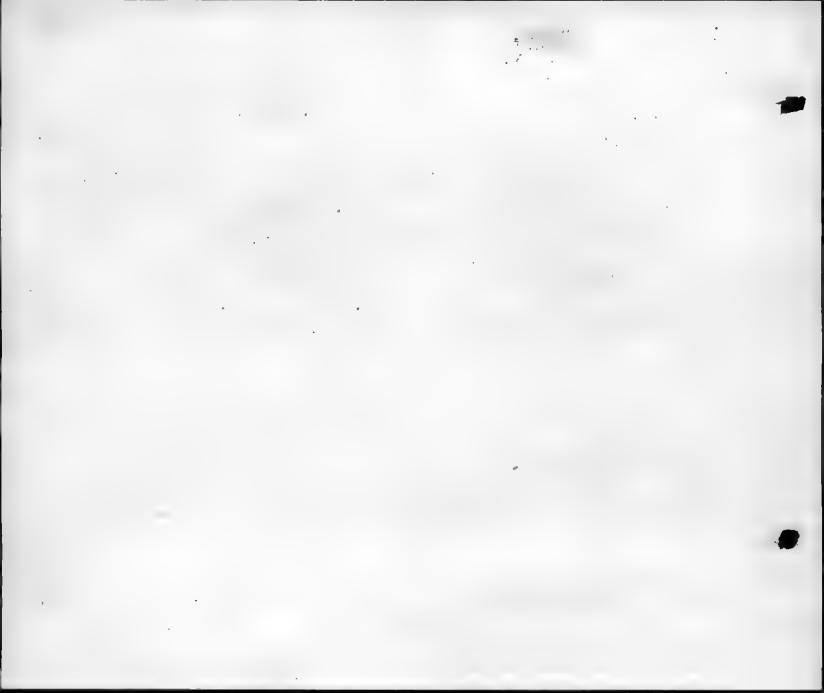
- 60													
		llehan y		MARYL	AND	2. USUAL RESID	ryla	are deceased	lived. If instituti b. COUNTY	All			iou)
	b. CITY OR TOWN (I RURAL and give no Clumb en	If autside carporate limi earest town) PLANO	ls, write	60 yea			own (If a		ate limits, write R	URAL and 1	give nea	rest town	1)
	d. NAME OF HOSPIT OR INSTITUTION 707 Bed.	ford St.	ive street			d. STREET A		ford (St.		- 1	e. IS RES ON A YES	IDENCE FARM? NO [[]
ľ	3. NAME OF DECEASED (Type or print)	WILLIAM		Middle ARTHUR	В	INUBAKEI		4. DATE OF DEATH	Nov.	th 6,	Do		Year 19 59
l	5. sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRIES	0	Jan. 1		1	P. AGE (In years loss, buthday)	IF UNDER	1 YEAR Days		17
	Do. USUAL OCCUPATIO	ON (Give kind of work of king Life, even if retired)	done 10b.	7.0	INDUS	TRY 11. BIRTHPL		or foreign co	o / yrs.		IZEN O	F WHAT	COUNTRY?
1	13. FATHER'S NAME	4,64.44	μι. σ	TITOTPOT D		14. MOTHER'S					ODA		
ı	Isaac	Brubaker				F	ranc	es (?)				
	No	(1) yes, give wor or dates of s	rvice)	None		S. Aus	tin S	tine	Cumb e		d,	Md.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSEL AND DEATH												
	Conditions, if a gave rise to i couse (a), stating lying couse last.	mmediate (,/	0	7						1	nz	
	3			ONTRIBUTING TO DEAT						EN IN PAR	[I(o)]15	PERFO YES	RMED?
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED). (Enter noture of	injury in P	art 1 ar Port	II of item 18.)				
	20c. TIME OF INJUR Hovr a. m. p. m.	Y Month, Doy, Yeo	While	NJURY OCCURRED Not while k at work	20e. PLA foc	CE OF INJURY () loty, street, office	iome, form, bldg., etc.)	20f. (City	or town)	(C	County)		(State)
ı	21. I certify th	at I attended the	decease	ed fram D	10	, 19 <u>5 j</u>	, to	Lo-V (195	_,that	ast sa	w the	deceased
l	alive an	~ (_, 12_	3, and that a	death	accurred at.		M, from	the Causes a	nd an ti		e state	
	ACTUAL	2mge/	$\eta \Lambda$	mon	1	w.D	- hijassa	Jan	2 L. L.	T.		447	7/17
	PHYSICIAN'S NAME (Type)	0	/			da	Ins	Jela	1 227	4			
	22a. BURIAL, CREMATIO REMOVAL (Specify) BUT181	NOV.9,1		Hill Cre			- 1		on (City, town, o mberlar		d.	(State	0)
	23. FUNERAL DIRECTOR		Cum	ADDRESS	Md.			BY REGISTR		TRAR'S SIC			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of the Page 4 may be retained by it cospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55



15M 9/S8



12028

12035

CERTIFICATE OF DEATH

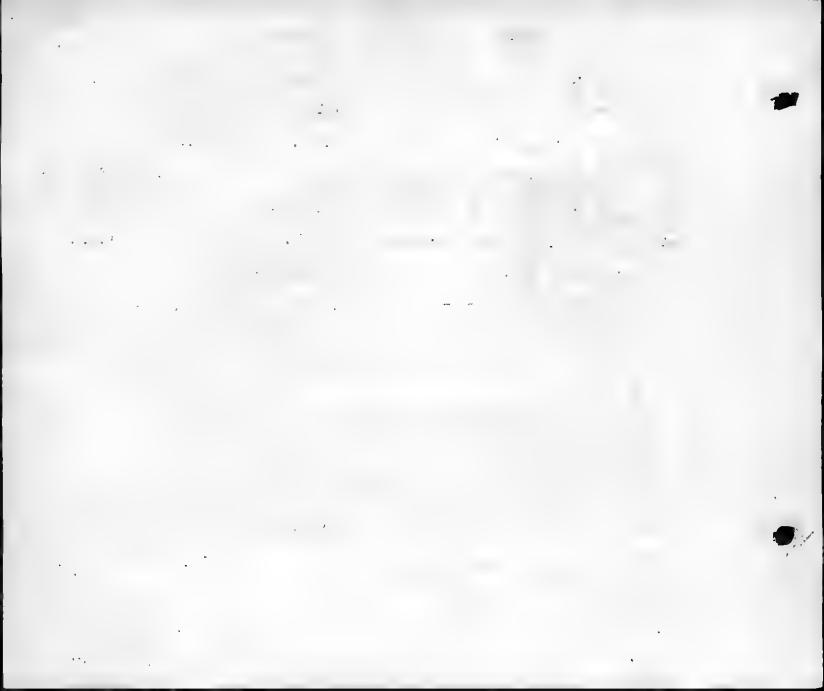
Reg. Dist. No.

	J. 10 00	J					Reg. Dist. No.	
1. PLACE OF DEATH			2. U	SUAL RESIDENCE (W	here deceased		n: Residence befo	ore admission)
o. COUNTY	egany	MAR	RYLAND 0	STATE Maryl	and	P COUNTA	Allegany	7
b. CITY OR TOWN (I	fourside corporate limits,	write c. LENGTH OF STA	YIN 16 c	CITY OR TOWN (IF	outside corpore	ote limits, write RU		
RURAL ond give no		1 Mo 29	dave	Cumberlan	d			
	AL (If not in hospital, give			STREET ADDRESS	~			e. IS RESIDENC
	d Heart Hos			648 N. M	echanic	St.,		YES NO
NAME OF DECEASED	First	Middl	le	Lost	4. DATE OF	Mont	h Do	
(Type or print)	Fayet	te Earl		Carder	DEATH	11	./ 8/	195
S. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARR	RIED B. DAT	TE OF BIRTH	9	AGE (In years lost birthday)	IF UNDER 1 YEAR	
Male	White "	VIDOWED 📆 DIVORC	CED 🗌 J1	lv 17.189	0	69 угз.	Months Days	Haurs M
10a USUAL OCCUPATIO		ne 10b, KIND OF BUSINESS	OR INDUSTRY	11, BIRTHPLACE (State	or foreign cou	intry)		F WHAT COUN
Retired CS	P Telephone	Company emplo		W. Va.			U.S	5.A.
3. FATHER'S NAME	-		14.	MOTHER'S MAIDEN	NAME			
La	favette Car	der		Susa	n Sande	rs		
(Yes, no, or unknown)	R IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY N	INFORA	AANT		Addre	855	
No	to how firm was as an action at some	212-05-0788	BA Fuge	ne Carder	0.1	dtown_M	arvland	
	TH Enter only one coust	e per line for (o), (b), and (c		1	1	1	-	ERVAL BETWEE
1	TH WAS CAUSED BY:	P 14	- /.	1 Cel		7	ON	SET AND DEAT
, .	IMMEDIATE CAUSE (o)_	Marin	men /	1000	47V C J	neron	esent 1	real
1040	DUE TO	to In		1			6	
Conditions, if o		/ / / / w	m m	/ Hilliam	2-			
gove rise to it couse (o), stating								
lying couse lost.	(c)							
PART II OTH		TIONS CONTRIBUTING TO D	DEATH BUT NOT !	RELATED TO THE TERM	AINAL D SEASE	CONDITION GIVE	EN IN PART I(o) I	PERFORMED YES NO
	S UNDERLYING TO	%. DESCRIBE HOW INJURY	OCCURRED, (Ent	er noture of injury in	Part I or Part	II of item 18.)	1	
OR CONTRIBUTING	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)			. , ,				
		20d. INJURY OCCURRED	20e PIACE O	F INJURY (Home, fare	m, 20f. (City o	or town)	(County)	(S
Y 20c. TIME OF INJUR Hour o. m.		While Not while		treet, office bldg., et		or rown,	(County)	(3
₹ p. m.	19	at wark at work				-		
21. I certify th	at I attended the d	eceased fram	~	, 195 6, ta	hom,	195	hat I last sav	w the deced
alive an	~ 7	. 195 7 and the	at death acc	urred at 12:15	AM. from t	he causes and	d an the date	e stated abo
	2					eet, city or ታơ√ብ, :	itoth) /	DATE SIG
ACTUAL	5. m. 12	last addo	/	43/2	Mence	17 Can	bulant la	11/01
SIGNATURE	11///	pour un	M.D.	- 7 - 1	- Constant		yeu	4-14-44
PHYSICIAN'S NAME (Type)								1 6
220. BURIAL, CREMATIO	N, 226. DATE THEREOF	22c. NAME OF CEA	METERY OR CRE	MATORY	22d. LOCATI	ON (City, Iown, o	r county)	(Stote)
REMOVAL (Specify) Burial	11/11/59	Hillcres	st Buria	1 Park	Cumbe	erland	Marvland	d
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	,	24a. REC	D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNATU	RE
Puth F. S.	llcox Cumb	arland Mar	hae fun	DATE	NOV 1 0 '5	9 a	other S. For	-Ale

may be retained by Cospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fundral director page 3 should be detached for use as the burial-transit permit. The please remaye carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, crematian, ar remayal, and in any event within 72 hours after death. AING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after s TO HOSPITAL OR ATT

VS A1S (4) 1SM 9/SB



CERTIFICATE OF DEATH

12034

L		120	30	CERTI	10711	. OI DEAII	•	Reg	. Dist. No.		
ī	. PLACE OF DEATH					USUAL RESIDENCE (WI	nere deceased li	ved. If institution: Res	idence before ad	mission)	
L	o. COUNTY AL	LEGANY		MARYLA	'ND (MARYL	AND	b. COUNTY A	LLEGANY		
	b. CITY OR TOWN (I	If outside corporate lim	nits, write	c LENGTH OF STAY IN	11Ь 🕴 🧃	c. CITY OR TOWN (IF	outside corporat	e limits, write RURAL o	and give nearest t	lown)	
l	CUMBERL	AND		7 DAYS		CUMBE	RLAND				
	OF INSTITUTION	L HOSPITAL	give street (address)	1	d. STREET ADDRESS 703 B	EDFORD	STREET	ot	RESIDENCE N A FARM?	
Ė	NAME OF	A .	irst	Middle		Last	4. DATE	Month	D	Year	
ľ	DECEASED (Type or print)		NTHONY		CI	ONI	OF DEATH	HOVEMBE	R 28	19 59	
[5. SEX	6. COLOR OR RACE	7. MARR	IED 🔣 NEVER MARRIED		TE OF BIRTH	9.		IDER TYEAR IF UI		
	MALE	WHITE	WIDOWE	D DIVORCED	□ NC	14, 190	9	50 yrs. Mont	this Doys Hou	urs Min.	
1	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) CASE WORKER ALLEG. CO. WELFARE BOARD WASHINGTON. D.C. 12.CITIZEN OF WHAT COUNTRY? U.S.A.										
ŀ	I3. FATHER'S NAME	LR At	- rrejo	CO. WELFARE		MASH MOTHER'S MAIDEN I		U.C.	U.S.A.		
ľ		NE CIONI				RACHAEL		CIVELLI			
ነ	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	INFOR		JICK &	MEMOR THE" A	VENUE		
Į,	(Yes, no. or unknown)	War II No	3	219-14-606	O ME		PITAL -			AND	
r	18. CAUSE OF DEA	ATH [Enter only one c	ouse per lin	e for (a), (b), and (c).]	÷				INTERVAL	L BETWEEN	
ı	PART I DEA	ATH WAS CAUSED BY IMMEDIATE CAUSE (o 1	remo					ONSE! A	ND OLAII)	
ļ		DUE TO	- 49	The Forest August 1		- IT	100 5		*		
ŀ	Conditions, if o	ny, which)		T		T- 10:	100	7			
ı	gove rise to i	mmediote (ь) <u>ж</u>								
ı	Couse (o), stating lying couse lost.	the number.									
			nDITIONS C	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	INAL DISEASE C	ONDITION GIVEN IN	PART 1(o) 19 W	AS AUTOPSY	
	ON THE STATE OF TH						., , , , , , , , , , , , , , , , , , ,		PEI	REORMED?	
	PART II OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (En	iter noture of injury in	Part I or Part I	of item 18.)			
Ŀ	3 20c. TIME OF INJUR	RY Month, Doy, Ye	ear 20d. IN	JURY OCCURRED 20	De PLACE (OF INJURY (Home, form	20f (City or	r town)	(County)	(Stote)	
l	Hour o.m.	19	While	Not while ot work	foctory,	street, office bldg , etc	.)	,		, ,	
ľ				1/1/	7 (1	. 15 1	11- 6	· · · · · · · · · · · · · · · · · · ·			
ı		nat Lattended the	e deceasi	6//	0		1128		I last saw the		
l	alive an	125131	., 12	. , and fhat d	eath acc	urred at 12:12					
ı	ACTUAL		:00	1.		1	ADDRESS (Street	et, city or town, state)	- 00 /	DATE SIGNED	
l	SIGNATURE	I my		M	M.D		May	L.M.	YVI		
	PHYSICIAN'S NAME (Type)	DR. GEORG	E SIM	ONS		al	w z	un 11	July		
1	220 BURIAL, CREMATIC	N, 22b. DATE THERE	OF	22c. NAME OF CEMETE	RY OR CRI	MATORY /	22d. LOCATIO	ON (City, town, or cour	nty) (Stote)	
	Burlal	12-1-1	959	SS.Peter		aul Cemet	1 / ,	Sumberlan			
2	3. FUNERAL DIRECTOR			ADDRESS			D BY REGISTRA				
	James F.	Scarpell	i.Cu	mberland,	Md -		DEC 4 '5		of 8 Kraya		
J-			7				-4 1 A	- Colon	TA MANA		

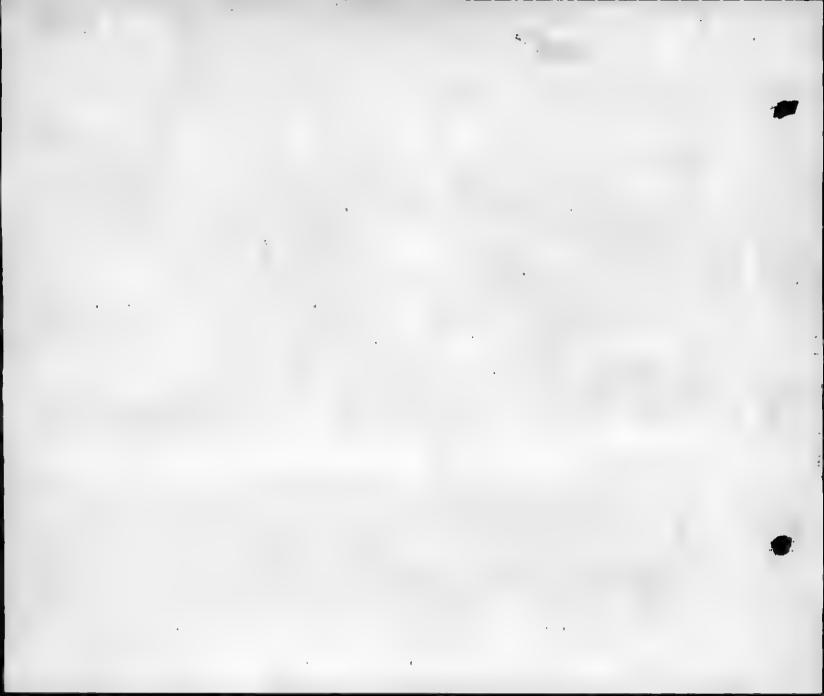
TO HOSPITAL OR ATT DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after bit. Page 4 may be relained by haspital at otherding physician.

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VS A15 (4) 15M 9/58



Place of Penth	1 1	MARYLAND STATE DEPARTMENT OF HEALTH—BAL	TIMORE, 18 12033
E. CITY OR TOWN pit entite corporate limits, write RURAL and give nearest for C2 years	8 8	MEDICAL EXAMINER'S CERTIFICATE OF	DEATH
E. CITY OR TOWN pit entite corporate limits, write RURAL and give nearest for C2 years	should	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decoated)	1
d. NAME OF HOSPITAL OR INSTITUTION [if not in hospital, give street address) d. STREET ADDRESS d. ADATE Mounth Doy 1/15 2. NAME OF DECARD OF First Middle Limit ADDRESS 2. NAME OF DECARD OF First Middle Limit ADDRESS DELTA OF DECARD NOVEMBER 1,1959 12. NAME OF DECARD NOVEMBER 1,1959 13. NAME OF DECARD NOVEMBER 1,1959 14. NOVEMBER 1,1959 15. SEX S. SEX G. COLOR OR RACE [7]. MARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE (1). years Elevated November 1,1959 15. SEX S. SEX G. COLOR OR RACE [7]. MARRIED NEVER MARRIED Fe be 27,1872 MIDDLE OF DECARD NOVEMBER 1,1950 G. COLOR MILL Pennsylvania Days Hours 10. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY International Days Hours 10. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY International Days 10. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY International Days Mounth Days 10. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY International Days International Days 110. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY International Days International Days International Days 110. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY International Days Internation	High Hard	h, CITY OR TOWN IF outside corporate limits with RIPAL C. IENGTH OF STAY IN Th.	
Address Person of Court Property Cou	5 2		e. IS RESIDENCE
DECRASED DECRASED DECRASED OP 19 19 19 19 19 19 19 19 19 19 19 19 19	directs directs		YES NO
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE to pure 100. USUAL OCCUPATION [Give kind of work done 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHALE (Stole or foreign country) 100. USUAL OCCUPATION [Give kind of work done 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHALE (Stole or foreign country) 12. CITIZEN OF WHAT (DUSS WILL) 100. SWALL 100	y delk nerol your f gistrol	DECEASED	
Second	the for		AGE HI yours IF UNDER TYEAR IF UNDER 24 HRS.
during most of working life, even if refired) 13. FATHER'S NAME John E. Logsdon 14. MOTHER'S MAIDEN NAME Lowery 15. WAS DECEASED EVER IN U. S. ARMED FORCES? In S. SOCIAL SECURITY NO. IT. INFORMANT Page of the state of th	virb to T	WHOMEN BUILDING	97 yrs.
John E. Logsdon Lowery 15. Was deceased ever in u. s. Armed Porces? 16. Social security no. 17. Informant Address None 15. Was deceased ever in u. s. Armed Porces? 16. Social security no. 17. Informant Address None Floyd G. Clites, Corriganville, Mde 18. Cause of Death [enter only one couse per line for (a), (b), and (c).] PART I. Death Was Caused 8%; MMEDIATE CAUSE (a) Due TO Conditions, if ony, which give rive to Immediate couse (c), stoling the underlying over rive to Immediate couse (c),	D S S	during most of working life, even if relired) Cooks Mille, Penr	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: MAMEDIATE AUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), staining the underlying (a), staining the underlying (couse tast.) PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOL TO THE TERMINAL DISEASE CONDI	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
18. CAUSE OF DEATH [Enter only one couse per line for [a], (b), and (c).] PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOLICION OF THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOLICION OF THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOLICION OF THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOLICION OF THE CONTRIBUTION OF THE	Poge File po		
Course last	oe exmuneo wir	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac Failure Conditions, if ony, which Conditions, if ony, which Conditions, if ony, which Conditions, if ony, which Conditions, if ony, which	interval strucen onset and death Sudden
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work will be death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause	g: in pen Yfice olon	cause fast. (c)	PERFORMED?
21. 8 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and f death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .	d 'pendin	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of CAUSE OF DEATH.	
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .	the world ficol Except 3 should be a 3 shoul	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City of foctory, street, affice bldg., etc.) White Not white of work of work	or town) (County) (State)
DATE SI	Tring Tring Tring Tring Tring Tring		
SIGNATURE STATE M.D. W.D. W.D. W.D.	iffico o the DIRECTO		DATE SIGNED
EXAMINER'S Benedict Skitarelic DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	the cer orded t	EXAMINER'S Benedict Skitarelic DEPUTY MEDICAL EXAMINER	
	100 D 20 P	Nov. 4, 1959 Porter Cemetery Hyndr	ON (City, town, or county) (State) 181, Pa. RD#1
VS. Alsme(s) SM 9/55 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8V REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 3 '59 Only 8. Homes			



Cumberland, Md.

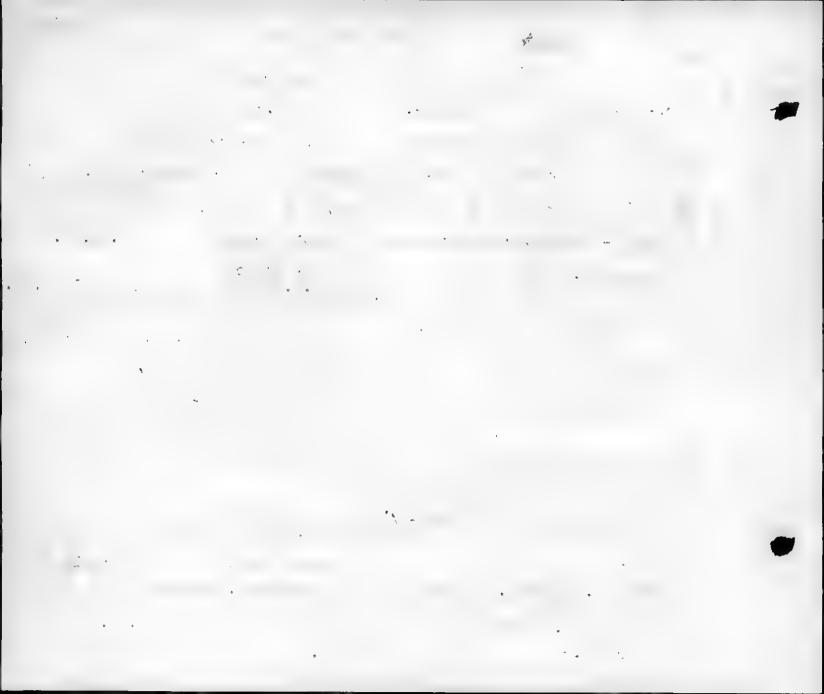
DATE

Byron Kight

certificate

VS III.IS (4)

15M 9/SB



arihua & Kanes

DATE DEC 4 '59

John J. Hafer, Cumberland, Maryland

VS A15 (4)

15M 9/58



		3203	Q	CERTI	FIC	ATE OF DEAT	Ή		Reg. Dist		noti
ī.	PLACE OF DEATH	egany		MAR	(LAND	2. USUAL RESIDENCE (V		lived. If instituted b. COUNTY			iission)
	b. CITY OR TOWN (IF RURAL and give nec	outside corporate limi prest town)	ls, write	c. LENGTH OF STAY		c. CITY OR TOWN (II		rote fimits, write RL		ve negrest to	own)
	OR INSTITUTION	AL (If not in hospital, g		*	1	d. STREET ADDRESS	d. STREET ADDRESS				
	NAME OF DECEASED (Type or print)	d Heart Ho	st	Middle		Lost	4. DATE OF DEATH	Mont	rh	Day	Year
S SEX 6. COLOR OR		6. COLOR OR RACE	7. MARE	Wenner RIED NEVER MARRI ED DE DIVORCE	_	Dennison B. DATE OF BIRTH 8-22-72		9. AGE (In years lost birthdoy)	-	YEAR IF UN	7
	USUAL OCCUPATIO		done 10b.			ISTRY 11. BIRTHPLACE (State	te or foreign co		12. CITIZ	EN OF WHA	T COUNTRY?
	CUSE W11			Home		Nowburg			<u>י</u>	LS.A.	
	WAS DECEASED EVER	Henry Wenn	CES? 16.	SOCIAL SECURITY NO). <u> </u>	Martha Bi	ggors	taff Addr	ess		
	No	No TH [Enter antly one co		None		rs.Sara Ave (Daught		yser W.	Va.	INTERVAL	
7	Conditions, if on gove rise to im couse (a), stating to lying cause lost.	he under-	, (mysens	de De	Cerostic a		· - l'asc.		ONSET AP	
CERTIFICATION	200 ACCIDENT WAS	S UNDERLYING				T NOT RELATED TO THE TER			EN IN PART	YES	FORMED?
MEDICAL CERT	OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Haur O. m. p. m.		20d. II While of wor	NJURY OCCURRED Not while k at work		LACE OF INJURY (Home, fo actory, street, office bldg., e		or town)	(Ca	ounty)	(Stote)
	ACTUAL SIGNATURE	at I attended the	, 19.	and the	1-4-1	m.o. 452	M, fram ADDRESS (St	the causes and reet, city or town.	d an the		deceased ed above. ATE SIGNED
_	REMOVAL (Specify)	Dr. L. H.		22c. NAME OF CEM		OR CREMATORY	22d. LOCAT	ION (City, town, o	* * *	(5	itote)
	FUNERAL DIRECTOR'S	SIGNATURE	39	ADDRESS ADDRESS	120	int Com 240. RE DATE	CD BY PEGIST		STRAR'S SIG		

may be retained by hospital ar ottending physician.

TO FUNERAL DIRECTO—After this certificate has been signed by the attending physician and campletely filled in by the for page I shalled be Letoched for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shausd TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer

the registrar prior to buriol, cremation, ar removal, and in any event within 72 hours over death.

062

VS A1S (4) 15M 9/58



CERTIFICATE OF DEATH

12029

1.6040	QEIXIII IQA		Reg. Di	st. No.
1 PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where on STATE	deceased lived If institution. Resider	nce before admission)
Allegany	MARYLAND	". SIAIE Marylar	id b. COUNTY A1	legany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	ENGTH OF STAY IN 16		le corporate limits, write RURAL and	_
Cumberland 9	/8/59	× LaVale	- Cumberla	nd
d NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION	258}	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Allegany County	y Infirmary	535 Nat	tional Highway	YES NOTE
3. NAME OF First DECEASED	Middle	Last 4.	DATE Month OF	Day Year
(Type or print) William		DeVries	DEATH November	4, 1959
	NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNDER	Doys Hours Min.
Male White WIDOWED		2/12/1883	76 yrs.	
100 USUAL OCCUPATION (Give kind of work done 10b. KINE during most of working life, even if retired)	OF BUSINESS OR INDUST	TRY 11 BIRTHPLACE (Stole or fo		IZEN OF WHAT COUNTRY?
Retired - Salesman Cres	am Company	Larkersport		. S. A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM		
	eVries	Anna Mary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI		FORMANT P.O.BOX	p	nberland, Mo
no	AJ	Llegany Count	cy Infirmary Ro	cords
18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), ond (c),}	01	<i>[</i> 1	ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coro	nary offs	toboso	48720
5 DUE TO	01	· ks	1.0-	>
Conditions, if ony, which) (b)	Chroni	o myoc	arkins.	1
gove rise to immediate couse (a), stating the under-	Condes	al auto	in almain	>
lying couse lost. (c)	Jane Con	murer	vocevosio.	
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAI	PERFORMEDY
3 secure	ry e / h	entron se	in the second	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	, (Enter noture of injury in Port	of Port II of tem 18.)	
	fact	CE OF INJURY (Home, form, 2 ory, street, office bldg., etc.)	Of. (City or town)	(Stote)
Hour c. m. p. m. 19 While of work	Not while of work	ory, stood, ettisa biegg, alea,		
21. I certify that I attended the deceased f	from 9/8/59	, 19 , 10 11/L	1/59 19 that I le	ast saw the deceased
glive on 11/3/59 19		7.284	fram the causes and an th	e date stated abave
0 2.	0		RESS (Street, city or town, stote)	DATE SIGNED
SIGNATURE Jucees 6 77	Cheau- N	LD. 49 Gree	ne St.	11/4/59
PHYSICIANS Dr. James E. Mo	Lean	Cumberl	and, Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 220	c. NAME OF CEMETERY OR	CREMATORY 22d	I. LOCATION (City, town, or county)	(Stole)
REMOVAL (Specify) Bufial 11/6/59 Ro	se Hill Cem	etery C	umberland, Mary	Land
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24d REC'D BY		
John J. Hafer, Cumberland	. Maryland	DATENOV 1	2 '59 arihun &	Krava

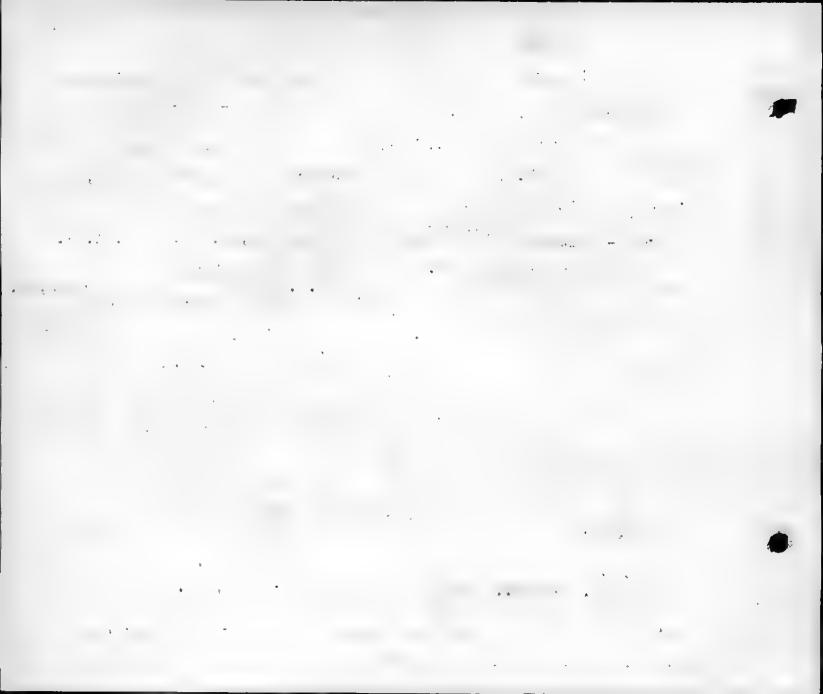
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after 11th. Page 4 may be retained by haspital as attenting physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the foreral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, as remaval, and in any event within 72 haurs after death.

7

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VS A1S (4) 1SM 9/58



12041

CERTIFICATE OF DEATH

Reg. Dist. No.

			T.								
	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY						
	Alle	yany		MARYLAND		Marv]	and	D. COO(11)		gany	
	b. CITY OR TOWN (IF RURAL and give neo	outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR			rote limits, write R			town)
	Cumberla	nd		2h days	∥X T⊿	Vale	3				
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in haspital,	give street (address)	d. STREET A						S RESIDENCE
	Sacre	Heart Ho	spita	1	10 1	Closts	man	Ava		YE	S NO 🔀
	NAME OF	Fi	rst	Middle	Las		4. DATE	Mor	ith	Day	Year
	DECEASED (Type or print)	Anth	onv	J	Dres	sman	OF DEATH	11		17	19 5 Q
5. 9	SEX	6 COLOR OR RACE	7 MARR	IED T NEVER MARRIED	B DATE OF BIRTI			9. AGE (In years			UNDER 24 HRS
	Male	White	WIDOWE		9/28/8	20		last birthday) 70 yrs.	Months	Days H	ours Min
10a	. USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND		ACE (State	or foreign co		12. CITI	ZEN OF WI	HAT COUNTRY?
	during most of worki	ng life, even if retired)	hall				, ,			
10	Droce			7.	14. MOTHER'S	Maryl				U.S	-A.
13.	FATHER'S NAME			6	14. MOTHER S	MAIDEN	NAME				
		Dressman			Mar	v Dat	erman				
15.	WAS DECEASED EVER	IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO.	INFORMANT			Add	ress		
	no				Chart						
	18. CAUSE OF DEAT	H [Enter only one o	use peş fin	ne for (a), (b), and (c).]							AL BETWEEN
		H WAS CAUSED BY:	Mil	rable for	Tu a					Upraci	AND DEATH
	'22.X	DUE TO			- 1	0	/	-			-
			16	N. Aughil	10 al	Has	1014	A		130	da.
	Canditions, if an gave rise to im	mediate	17	VULL Y LIVI	, ,		1			2/1	mark
	cause (a), stating t		11	Afrilillas	Asses					ul	ard
_	lying cause last.) (1/1	2000011001						17	
ő	PART II. OTHI	R SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO	THE TERMI	MAL DISEAS	ECONDITION GI	VEN IN PAR	T 1(a) 19. V	WAS AUTOPSY PERFORMED?
CAT	12 hilles	ua 7 kg an	a	4 horas	Pyrrun	rpel	1-1	uarie		YE	S NO
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING [] CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCUR	ED (Enter nature o	injury in	Port I or Pari	t II of item IB.)			
I							Υ	<u>_</u>			
MEDICAL	20c. TIME OF INJURY Hour o. m.	. ,	or 20d. It	VJURY OCCURRED 20e. f	LACE OF INJURY (actory, street, office	Home, form e bldg., etc	n, † 20f. (City u) †	or town)	((County)	(State)
ME	p. m.	19		k ot wark		- 4:	1	Part	7		
	21. I certify the	at I attended the			19.75	_, to_ <i>//</i> _,	117	1927	that I la	st saw tl	he deceased
	alive an ///	7	, 195	and that deat	h accurred at	11:20A	M. fram	the causes ar	nd an the	date st	ated abave.
	17	22.	10					treet, city ar town,			DATE SIGNED
	ACTUAL SIGNATURE	exaber	4/	Trings	_M.D						
		* /									
	NAME (Type)	E Rring	S			5 5	Green	Street_			
220	BUR AL, CREMATION	, 22b. DATE THERE)F	22c. NAME OF CEMETERY	OR CREMATORY	-1		TION (City, lown,	or county)		(State)
1	REMOVAL (Specifity	11/20/0	59	St Peter a	Paul (yon.	CIL	nlerla		10	bel
23.	FUNERAL DIRECTOR'S	SIGNATURE	^	ADDRESS	-	24a. REC'	D BY REGIST		ISTRAR'S SIG	SNATURE	
	X Comment	17000	2.	M.	122-0		OV 2 0 'S		Thung S.	Kenna	
_	1 among	aren a	11	func.	10	DVIC			- 1, 21,	, 0.2000	

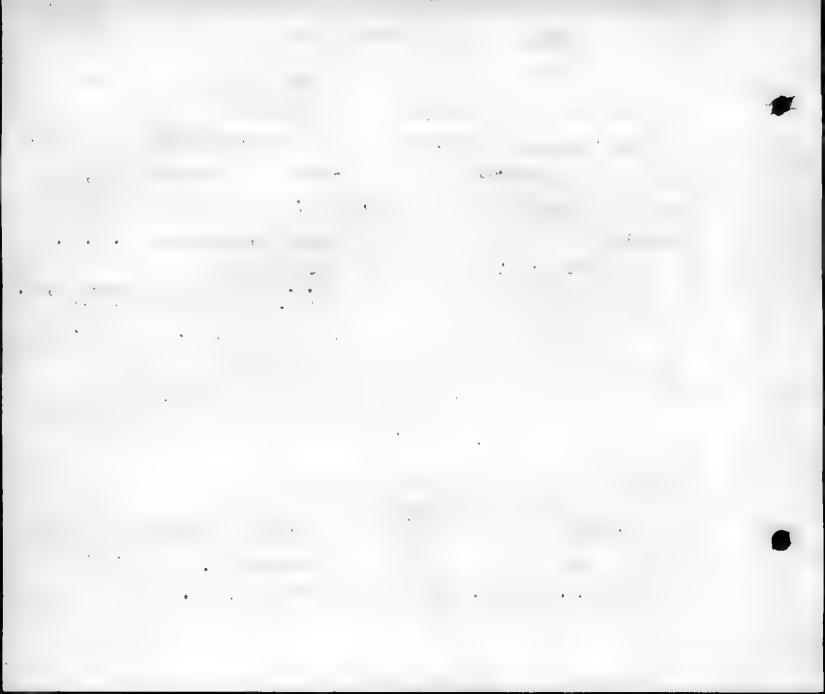
may be retained by applied ar attending physician.

TO FUNERAL DIRECTION After this certificate has been signed by the attending physician and campletely filled in by the all director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs offer-death. GING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR ATT

VS A15 (4) 15M 9/58

h. Page 4





HEALTH DEPT. Page

6 Health,

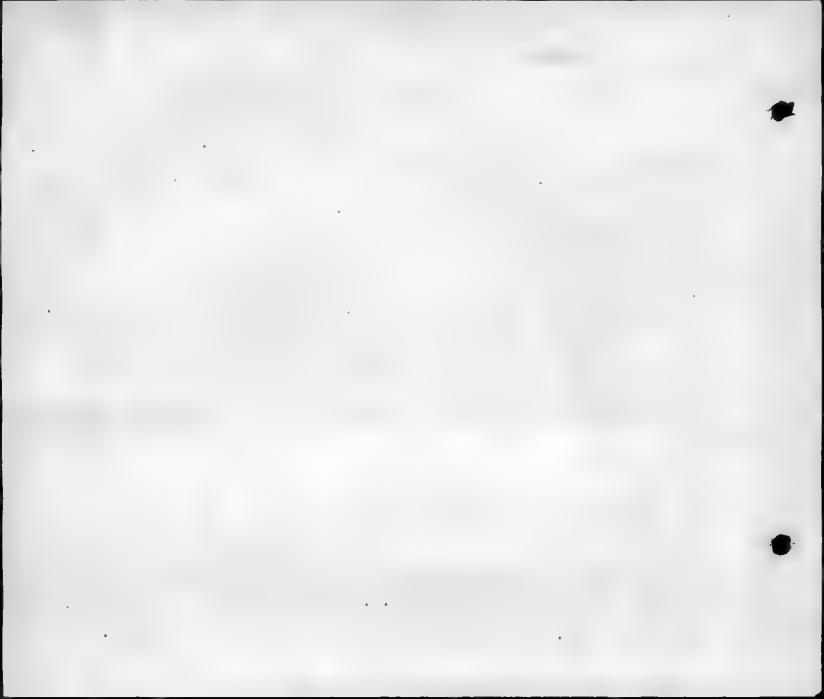
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certification withing the ward "pending" in pendit in Item. 18. Give Pages 1, 2, and 3 to the functor directly should be forward. It to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained forty become DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated outent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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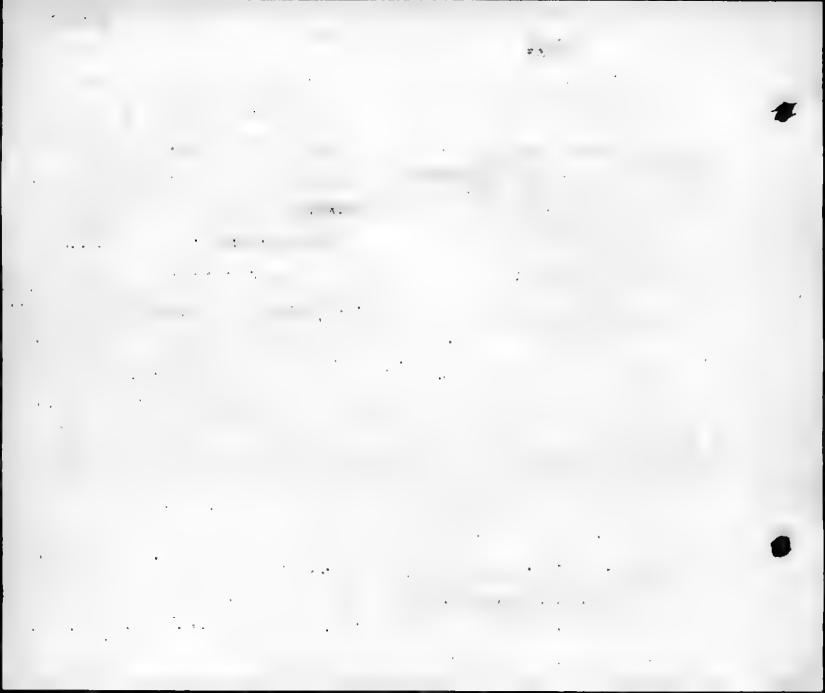
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¥\$.	A'	15	ME	
5 h	4 2	119	17	

12037 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

120/2			Reg. Di	st. No.			
PLACE OF DEATH		2. USUAL RESIDENCE (When	re deceased lived. If institutions Reside	nce before odm ssian)			
a. COUNTY Allegany	MARYLAND	'o STATE Marvl	and b COUNTY All	legany			
b. CITY OR TOWN (if autside corporate firmts, write RURA) C.	LENGTH OF STAY IN 16		tride corporate limits, write RURAL and				
cumberland	Life	Cumberl	2				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	give street address)	d STREET ADDRESS . IS RESIDENTE					
Sacred Heart Hospita	1	· 305 Bedfo	rd St.	AEZ NO V			
3. NAME OF First DECEASED (Type or print) HELEN	Middle I	ALIEN CO. CO.	DATE Month OF NOV. 7,	Day Year 19 59			
5. SEX 6. COLOR OR RACE 7. MARRIED [DATE OF BIRTH	9 AGE (In years IF UNDER	TYEAR IF UNDER 24 LES			
Female White WIDOWED	K DIVORCED 🗖 🛚 🗎	lar.13,1886	73 yrs Months	Days Hours Min			
106. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZE OF STATE OF ST							
Housewife Ow	n Home	Maryland		USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM					
Samuel Metz		Jeanette	Poole				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC	CIAL SECURITY NO. 17. IN	FORMANT	Address	The second secon			
	None Mi	s. Wyley Fr	anks Flin	t, Mich.			
18 CAUSE OF DEATH Enter only one couse per line for ((o), (b), and (c)]			INTERVAL SETWIEFTS ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) COT	onary Occlu	ısion		Sudden			
420.1 DUE TO	<u> </u>						
	onary Sclen	rosis		?			
gove rise to immediate couse							
(a), stoting the underlying (b) (c)							
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY							
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z				YES NO A			
FRIMARY 11 of CONTRIBUTING 11	OW INJURY OCCURRED (E	iter nature of injury in Part La	or Part II of Hem 18)				
Hour o, m, While	IRY OCCURRED 20e PLAC Not white factor at work	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City ar town) (Cou	nty) (State)			
21. I certify that I taak charge of the rem		re, held an Autopsy [, Inspection A, Inquir	y , and in my			
apinion death resulted fram: Natural-cau							
	, , , , , , , , , , , , , , , , , , ,	_,,,					
ACTUAL SIGNATURE & Genedict Ski	tarelia	M D. CHIEF MEDICAL EXAM	t-us	DATE SIGNED			
EXAMINER'S Benedic Skita	relic, M.D.	ASSISTANT MEDICAL EXA		ov. 7, 195			
REMOVAL (Specify)	ose Hill Co	emetery 22	Cumberland, Nu	(State)			
23 PUNERAL DIRECTOR'S SIGNATURE	ADDRESS erland, Md	24g REC'D B		NATURE			
		[NAIR					



ISM 9/58



VS. A15ME(5) 5M 9/55 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12039 Reg. Dist. No.

1.	PLACE OF DEATH	1204	3			2. USUAL RESH	D ENC E (W	/here deceas	ed lived. If Instit	utiani Residen	ce befa	re odmi	ssian)
	a. COUNTY	Allegany		MARYL	AND	o. STATE	Marv	land	b. COUNT	M All	ega	nv	
	b. CITY OR TOWN (If a sed give regres) town)	oviside corporate limits, wsit	e RURAL	c. LENGTH OF STAY II	N 16	c. CITY OR 1			orale limits, write	RURAL and	give ne	prest for	~n)
	Cumberla	and		1 Day			Cumb	erland					
Г	d. NAME OF HOSPITA	L OR INSTITUTION	If not in ho	spital, give street address))	d. STREET A							SIDENCE
	Memorial H	Hospital -	Memor	rial Avenue		320 W	<i>l</i> illi	ams St	reet				A FARM?
3.	NAME OF DECEASED	Fir	si	Middle		Last		4. DATE	Mont	h	Day	Y	901
L	(Type or print)	Ham				lake		DEATH	Novemi	or	21,	11	9 50
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	□ 8.	DATE OF BIRTH			9 AGE (In years fact birthday)	IF UNDER 1			ER Z4 HRS
	Male	White	WIDOWE	D DIVORCED	ן ב	August 8	1.188	0 1	79 ym.	Months D	cyr	Hours	Min.
10	o. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPLA	CE (Stote	ar fareign o	ountry)	12. CITIZ	EN OF	WHAT	COUNTRY
	Retired (Mary	rland				U.S	Δ.	
1	3. FATHER'S NAME					14. MOTHER'S A	AAIDEN N	IAME		<u> </u>	UaU	Acid,	
A	John T	Thomas Flal	re			Mant	ha N	omt h					
/13	S. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	<u> </u>	OFLA	Address				
4"	No.	(If yet, give war or dates of	sernce)		TATE	lbur E.	TT ok	0	Cumberla	nd	Man	vlar	ad
F		H [Enler only one car	se per line	for (a), (b), and (c).	I XX sla	1. h/. 14.5. 2.1 6	4 1,5%		Onlinetha	Li All	INTERV	AL BETWE	EN
П	PART I. DEATH	H WAS CAUSED BY:		Cerebral 1	Hame	mnhara					ONSET	L2 h	(FH
П		MMEDIATE CAUSE (a)		Celeniar i	Henre	i i nage				·		Later A.	12.0.4
	Canditions, if an	DUE TO		Hypertens:	1 770	Candiar	o c an	lan Di	60060				
	gave rise to immedi	ole couse		nypertens.	TAG	Gardiov	ascu.	rat. Dr	acase .				
	(a), stating the us												
2		(c)		ONTRIBUTING TO DEATH	RUY NA	OT DELATED TO T	HE TERM	NIAI DISEASS	CONDITION OF	JENI INI DADT	1/-3/10	LAZA P. /	LUTABEY
) 8	73.01.01.		01110110	STATE OF STA	50114	21 KCD-120 10 1	FIE TEMPAN	IAWERISCUSE	CONDITION G	TEN IN FAIL	, ,	PERFO	RMED?
100	20g, EXTERNAL CAUS	SE WAS 120	h DESCRIP	E HOW INJURY OCCURR	ED /E-	too pobus of late	on. In Book	1 0 11	- f. 74 4(0.3)		YE	\$ 🔲	NO TH
CERTIFICATION	PRIMARY OF CON	TRIBUTING D	U. DESCRIB	E HOW INJURY OCCORR	co. (en	ier nature at inju	ary in rom	I or Port II	or item 19.)				
			w 20d.	INJURY OCCURRED 204	. PLAC	E OF INJURY (He	ome form	206 (City	or town)	(Caun	tul.		(Slate)
MEDICAL	Heur a.m.	19	White	e Nat while	factor	y, street, office t	oldg., etc.	2011 (011)	or to my	(and it	177		forgraf
12				ork at wark	- (-	. 1 1. 1	A	<u>;</u>					
		_		remains described				_	spection 🔽		X.	and f	ind the
	death resulted	trom: Natural	causes M	Accident .	Suic	ide 🔲, Ho	micide	∐, Ur	determined o	cause [].			
	ACTUAL /	7 1-	1. 1	0-1-0	11							DATE S	IGN#D
	SIGNATURE	enedica	<u> </u>	ketakelu	/	, MLD.		AMINER [
1	EXAMINER'S NAME (Type)	3 Panadi at	Skrite	erelic, M.D.				L EXAMINEI EXAMINER D	-	24, 19	50		
22	O. BURIAL CREMATION			22c. NAME OF CEMETER			.301076		ION (City, lawn,		//	151	
	REMOVAL (Specify) Burial	11/27/50									2	(Stote	
23	. FUNERAL DIRECTOR'S			Pleasant C	rove			BY REGIST	rland M	arylan Strar's sign			iral)
	Ruth E. Si		himber	Tand Mam	vไลเ			V 2 7 '5'		ikun 8 4			





VS A15 (4) 15M 9/58

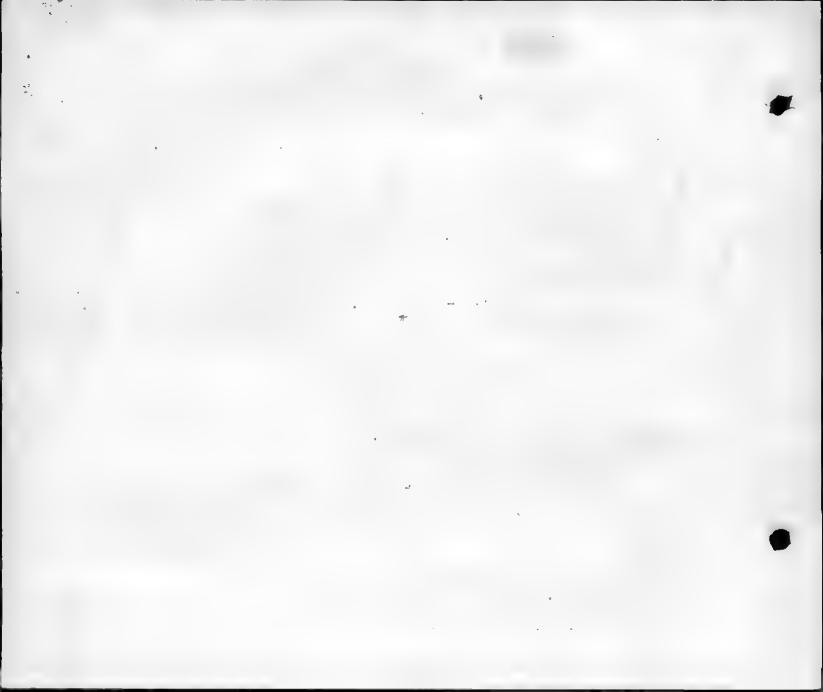
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

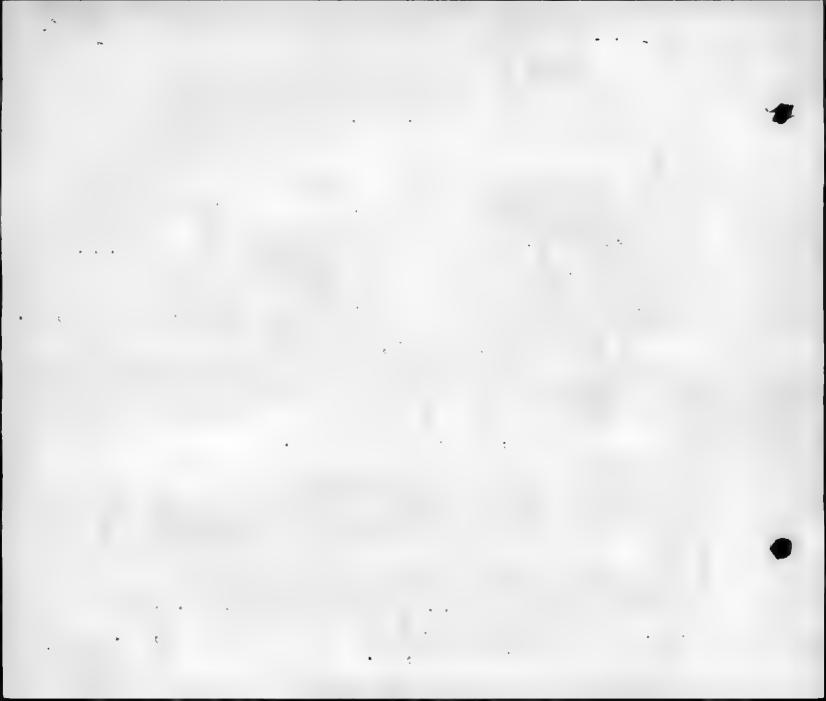
12041

Reg. Dist. No.

12090	CERTIFICATE OF DEATH						
	2 HSHAL PESIDENCE (Where deceased hand)	16 10					

PLACE OF DEATH O. COUNTY	USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) O. STATE COUNTY
Allegany	Maryland 6. COUNTY Allegany
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frostburg. 36 Hours d. NAME OF HOSPITAL (If not in hospitot give street address)	d STREET ADDRESS IS RESIDENCE
OR INSTITUTION	ON A FARM?
Miner's Hospital	76 W. Mechanic St. YES NO NO
3. NAME OF First Middle DECEASED (Type or print) Edward	Folk DATE Manth Doy Year OF DEATH November 24th, 1959
	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS
	Nov. 14th, 1876 lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	
Queen City Gla	ass Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jonas Folk	Susan Schultz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. II	NFORMANT Addrey 6 Mechanic St.
(Yes, no, or unknown) (If yes give wor or dates of service) 220-07-6950 Mi	rs.Lulu B. Folk, Frostburg, Md.
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Parchae Dilatation Stat
777	arcuae yiralation sa
	0. 1-1
Conditions, if any, which (b) Alleting	Electricis
DUE TO 1	a desc. colon, acute perferation 20.
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	I To the second
(Philippin and a C U I a G) a a control	injuració Gorean - cereb. Thronton 10/2/3 PERFORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
Hour o m. 19 of wark of wark	clory, street, office bldg , etc }
21. I certify that I attended the deceased fram. 7/22	- 1955, ta 11/24 , 1959, that I last saw the deceased
	occurred at 1.45 P.M. from the causes and an the date stated above.
	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Crank T. Hanat Who)	M.D. 26 W. Mechanic St.,
PHYSICIAN'S NAME (Type) Frank T. Harrat	Frostburg Md.
220. BURIAL, CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY O	
Burial Fibg. Memori	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Joseph R. Durst, Frostburg, Md.	2.75NOV 2.7.150
Transfer Tra	DAIENUV Z 1 '59 Call & March







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2	4	U	4	У

CERTIFICATE OF DEATH

12044

		72049		CERTIFI	CAI	E OF DEA	111		Reg. D	ist. No	Time	U - X
9	1. PLACE OF DEATH a. COUNTY ALLE	GANY		MARYLA		USUAL RESIDENCE (Where deceases	d lived If instituti b. COUNTY		LEGA		uan}
	b. CITY OR TOWN (IF OF CUMBERLAND	stride carporate limi st tawn)	ts, write c	7 DAYS	1ь	CITY OR TOWN (orate limits, write R	RURAL and	give ne	orest town	1}
)	d. NAME OF HOSPITAL OR INSTITUTION MEMORIAL	(If not in hospital, § HOSPITA	ive street add	ress)		d. STREET ADDRESS						FARM?
	3. NAME OF DECEASED (Type or print)	ch.	ARLES	Middle F.	HAL	Lost IGH	4. DATE OF DEATH	NOVE	MBER	Do	4	Year 19 59
	5. SEX MA LE	COLOR OR RACE	7. MARRIED WIDOWED [NEVER MARRIED DIVORCED	_)	ATE OF BIRTH UNKNOWN		9 AGE (In years last-birthday) OZ yrs.	Manths	R 1 YEAR Days	Haurs Haurs	ER 24 HRS Min.
	10a. USUAL OCCUPATION during most of working RETIRED	(Give kind of work life, even if retired)	orer R.R		MARYLAND		auntry)	12. CI		A.	OUNTRY?
	13. FATHER'S NAME CHARLES V	V. HAUGH		·	1	4. MOTHER'S MAIDER BERTHA						
	15 WAS DECEASED EVER IN (Yes, no. or unknown) (If y	U. S. ARMED FOR es, give war or dates of s	ervice)	ne		RMANT FOR LAL HOSE	PITAL -	CUMBERLA		MARY	'LA ND	
	18. CAUSE OF DEATH PART I. DEATH	Enter only one co WAS CAUSED BY MEDIATE CAUSE (c	/	or (a), (b), and (c).]	voi	47 8	F	PM	10/2	INT 1-24	ERVAL BE	DEATH
	157 × Canditians, if any,	DUE TO				,		,		u	cul	Luor
	gave rise to imm cause (a), stating the lying cause tast.)	Carci	ı di	uatosi	5 Yo	brae	· 	4	ull	adre
	E G	SIGNIFICANT CON	71	TRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	RMINAL D SEAS	E CONDITION GIV	VEN IN PA	RT 1(a) 1	PERFC	AUTOPSY DRMED?
		CAUSE OF DEATH	20b. DESCRIB	E HOW INJURY OCC	JRRED (I	mer norme of injury	in Pert Lor Par	1.1 of item 18.)				
	20c. TIME OF INJURY Hour a.m. p.m.	Manth, Day, Ye	While of work	Not white	e. PLACE factor)	OF INJURY (Hame, for street, office bldg.,	arm, 20f. (City etc.)	or town)		(County)		(State)
	21. I certify that alive an/	I attended the	deceased , 19 5	-0		., 19 <u>57</u> , ta curred at 5:3	ZAM, fram		id an th	ast sav	w the d	leceased dabave
	ACTUAL SIGNATURE	How	esc	eear l	<u></u> M.D	598	ADDRESS (S	rreet, city or town,	state)	11,	DA1	S G
	(-)	OR. WEISM				Cun	le i	lace		he	1	
	220. BURIAL, CREMATION, REMOVAL (Specify) BULLAL	Nov.13		oldtown				TION (City, lown,	1		(Stot	
	23. FUNERAL DIRECTOR'S S		Cumbe	ADDRESS	7	24a, Ri	EC'D BY REGIST		STRAR'S S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after of the Page 4 may be retained by lospital at attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the forector, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, at remayal, and in any event within 72 haurs, offer execut.

VS A1S (4) ISM 9/SB



CERTIFICATE OF DEATH

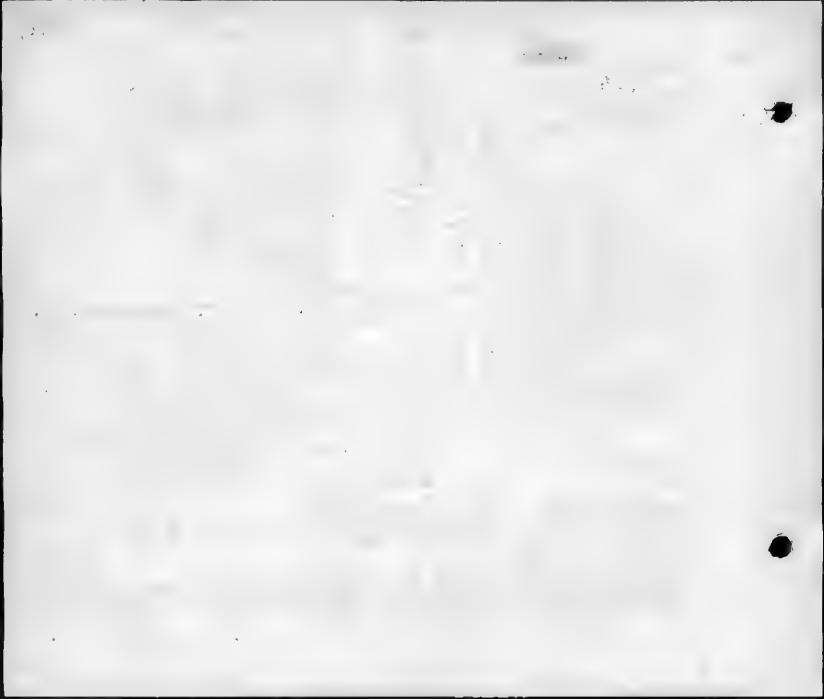
12045

- 6	2.79 A. D U		Ray, Dist. 110.				
	o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who state Maryla	ere deceased lived II institution Resident B. COUNTY Alle	ce before odmission)		
	b CITY OR TOWN (If outside corporate limits, we RURKL and nive nearest town)	rile c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL and a	give nearest town)		
	d NAME OF HOSPITAL (If not in hospital, give s' OR INSTITUTION Douglas Av	rreet oddress) enue	d. street address Doug.	las Avenue	e. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF DECEASED (Type or print) Blanche	Middle	Henry	4. DATE Month OF DEATH November	14 19 59		
	Romale White		B. DATE OF BIRTH December 28	AGE (In years of Months)	Days Hours Min.		
	10a. USUAL OCCUPAT ON (Give kind of work done duff of the determined)	Own Home			U.S.A.		
	13. FATHER'S NAME Robert Cl.	ark	Anna Mae		No. of the		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no.000/nhnown] [(I) yes, give wor or dates of service)		NFORMANT Villiam Henr	cy Lonaconin	g, Md.		
	1B. CAUSE OF DEATH [Enter only one couse g PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	persine for (a), (b), and (c)]	"Husband"	decident	INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if ony, which) (b)	Centeriosch	unsis		years		
	gove rise to immediate couse (a), stating the under- lying couse lost.	Dialeter	mellitu	a	years		
	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	D (Enter nature of injury in I	Part I or Part II of item 18)			
	Hour o. m.	Od. INJURY OCCURRED 20e. PL/ While Not while foc	ACE OF INJURY (Home, form tory, street, affice bldg., etc.	, 20f. (City ar town) (1	County) (State)		
	21. I certify that I attended the dec			Mon. 14, 1959, that I			
	ACTUAL BALLOR 1	rulu har dealin		ADDRESS (Street, city or fawn, stole)	DATE SIGNI		
/	PHYSICIAN'S LESLIE R. N	MILES JR	LONA	CONING	MD.		
	220. BURIAL, CREMATION, 226 DATE THEREOF 11/16/59	9 Philos Cem		22d LOCATION [City, lown, or county] Westernport,	(Stote) Md.		
	23. FUNERAL DIRECTOR'S SIGNATURE George Eichhorn	Lonaconing, M	īa'	D BY REGISTRAR'S SIG			
	george Promoti	Tougcouring.	DATE	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	for		

the shartal director, shaularbe filed with manires that the death certificate be executed within 24 haurs after g physician and completely filled remove carbon papers. Pages 1 2 hours offer death. moy be retained by Afrer
TO FUNERAL DIRECT
Afrer
page 3 should be detached for
the registrar priar to burial, c

VS A15 (4) 15M 10/57





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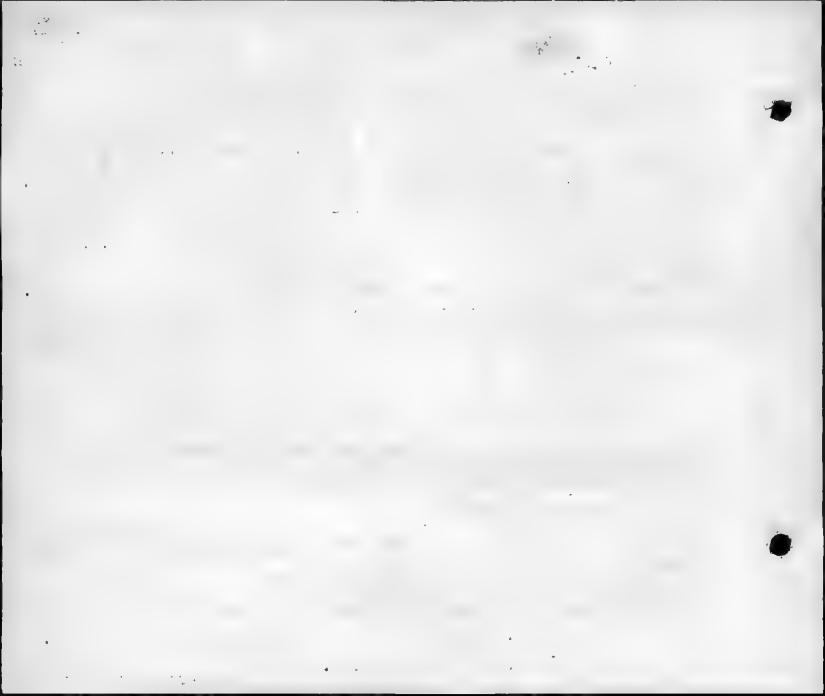
TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the rad d page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be fill the registrar priar to burial, cremation, ar removal, and in any event withing theurs ofter death.

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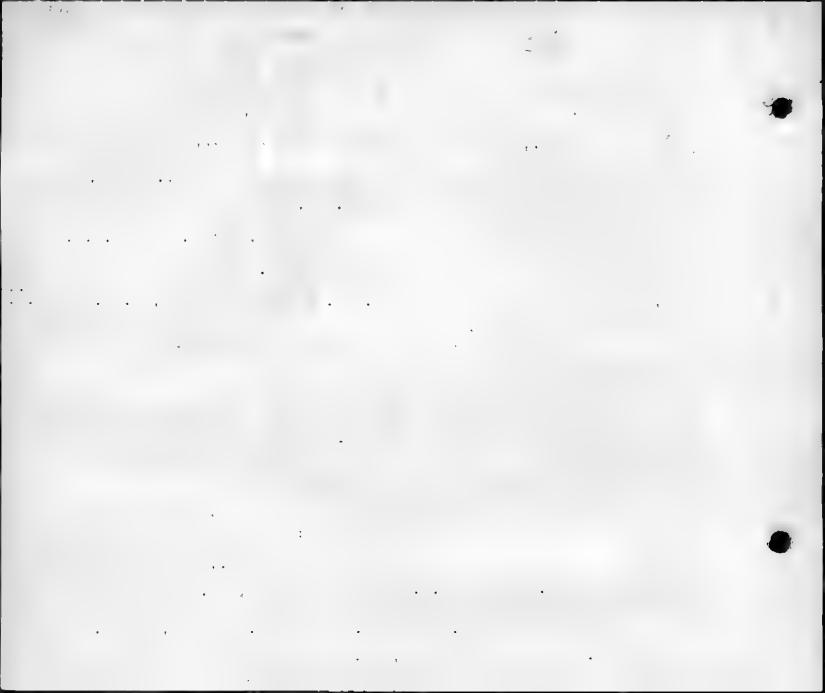
TO HOPPIAL OF ATTENDING ENYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

VS A15 (4) 15M 10/57

	12099	2	CERTIFIC	All	E OF DEA	ИП				Reg. E	ist. No		
1. MACE OF DEATH o. COUNTY Allegar	7 V		MARYLAND	2.	USUAL RESIDENCE o. STATE	_	_		f institute COUNTY		ence befo		
	(If outside corporate limit	s, write	c. LENGTH OF STAY IN 16	-	c. CITY OR TOWN	3474		rote limit	s, write RI				
Frostbi			Lifetime	1	Frostb	ירוו	D* r *						
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, gi	ive street (oddress)	1	d. STREET ADDRESS	S		<u> </u>		***			SIDENCE A FARM?
3. NAME OF	Hospital			_!	100 E.			11c				162 F] ио 🗆 Х
DECEASED	Firs	.1	Middle	-	Lost		4. DATE OF		Man	th_	De	_	Year
(Type ar print)	PEARL 16. COLOR OR RACE	7	M.		OPKINS		DEATH	0.405	1.	LIE LINIO		3	19 59 .
F	W	WIDOWE		3	-8-1900			5	rthdoy) g yrs,	Months	Days	Hours	Min
10a USUAL OCCUPATE	ON (Give kind of work di rking life, even if refired)	lone 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (SI	tote o	r foreign co	ountry)		12. C	ITIZEN C	F WHA	T COUNTRY
Housewif			Own home		Zihlm:	an					U.	S.A	•
13. FATHER'S NAME				14	. MOTHER'S MAIDE	N NA	WE						· · · · -
John Del	brook			C	inderel	la	Sato	off					
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO 17.	INFO	RMANT				Addr	ess			Mid .
No	None		15-20-7112	irs	. Lee Re	e pl	ann.	. 56	Bros	adwa	v.F	ros	tburg
18. CAUSE OF DE	ATH [Enler only one cou	ise per lip		``							4.4		ETWEEN
	ATH WAS CAUSED BY:		weiterst.	40	1. 2 li		K				ON	SET ANI	DEATH
4,9 ° ×	DUE TO			/	u. i. lea	7					-	4.60	22 66
Conditions, if a		7	HT' A . For and	4.3									>_
gove rise to	immediate (1	1 4 fre of the ine.	~ / V								J	
lying cause lost.	the under-		11								/		
	. (-)	DITIONS C	CONTRIBUTING TO DEATH BU	T NOT	RELATED TO THE TE	RMIN	AL DISEASE	CONDI	ION GIV	FN IN PA	RT 1(a)	9 WAS	AUTOPSY
5			NOI	12		,						PERF	NO [
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (E	nter nature of injury	in Pa	rt I or Fort	II of iter	n 18.)				
	RY Month, Day, Yea			LACE	OF INJURY (Home,	form,	20f. (City	or town)		- Contraction	(County)		(State)
Hour a.m.	19	While at work	1 acts salbite	actory,	street, office blog.,	efc.)		-	-				
	hat Lattended the	decease	ed from 2027	-	1055 to	1.	7.10	2 >	10 . 27	that I	last s	and the	donomi
	44 13	10 4	and that deat										
4,,,,	-/-/		, und mar dear	11.0CC	.urred dig		DDRESS (Si				ine aa		ed above
ACTUAL EGGLATURE	Tital fire	1226	Tre ten,	_ M.D,									
PHYSICIAN'S NAME (Typo)													
	ON, 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CRI	EMATORY	2	2d. LOCAT	ION (Cir	y, lown, o	r county)		(Sto	te)
REMOVAL (Specify Burial	11/27/5	9.	Frostburg 1	Man	orial P	ari	h Fr	2004	hur	re.			Ma
23 FUNERAL DIRECTOR	'S SIGNATURE HOT	er E	ADDRESS				BY REGIST	RAR 2	4b. REGIS	TRAR'S S			
Bulak H. Ul	onlesset 23	E. A	funeral Home	ar g	Md DATE	HO	7 3 0 '5	9	بار ت	Elmy J	Person	es.	



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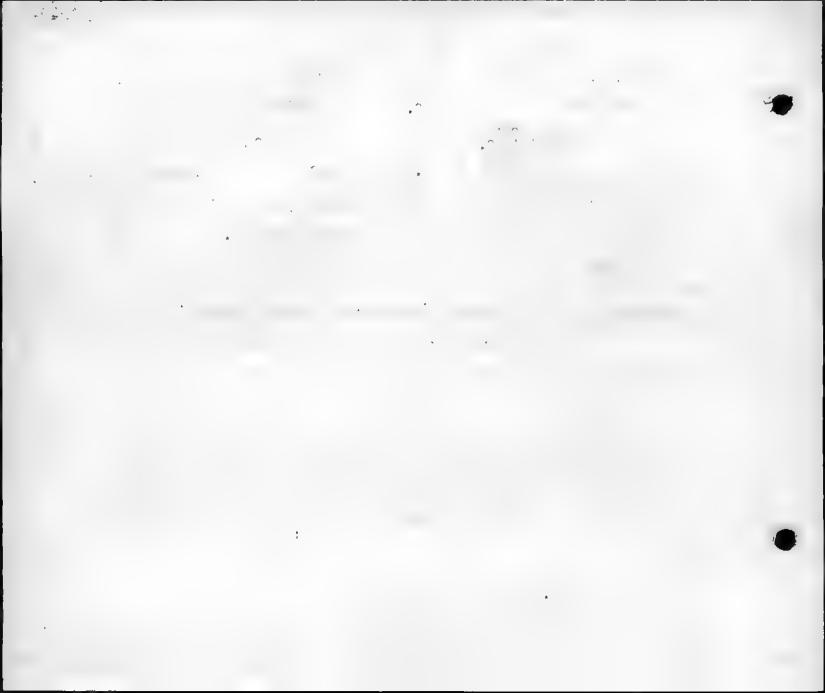


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12049

	190	E 4	CERTIFICA	ATE OF DE	ATH		Reg. Dist. No	Tellati		
1. PLACE OF DEATH Q. COUNTY ALLEGANY			MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before add. STATE B. COUNTY ALLEGANY						
b	CITY OR TOWN (If autside carpord RURAL and give negret town)	ite limits, write c.	3 HRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tax						
d	NAME OF HOSPITAL IF GOLD IN HOS OR INSTITUTION MEMORIA MEMORIAL & WARW	L'HOSPITAL	ress}	d STREET ADD	ET		e. IS RESIDENCE ON A FARM? YES NO			
D	AME OF ECEASED ype or print)	HELEN	Middle V•	JONES	4. DATE OF DEATH	NOVEME		Year 19 59		
5. SI	EMALE 6. COLOR OR WHTE	RACE 7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH	7,1911	9. AGE (In years lost birthday) 40 yrs	Manths Days	Haurs Min.		
	USUAL OCCUPATION (Give kind of during most of working life, even if hecker	retiredi	id of Business or Indu undry		(State or foreign RLAND, MD		12. CITIZEN O	F WHAT COUNTRY		
13. F	JOHN TWIG	G		14. MOTHER'S MA	E HILL					
15. \ {Yes,	VAS DECEASEDEVER IN U. S. ARME no. or unknown)	gtes of service)	CIAL SECURITY NO.	Mrs. Eve	elvn L.	Bennett		th St		
NOI	Canditions, if any, which	USE (a) NE I DUE TO (b) With	luege n	NOAL STANDARD TO THE	à aux	acute se condition GIV		Nonth		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS PERFO YES 20a ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								YES NO 🔀		
MEDICAL	Oc. TIME OF INJURY Manth, Do Havr a m. p. m.	y, Year 20d. INJU While at wark	_ Nat while fa	ACE OF INJURY (Hon clary, street, affice blo		ly ar town)	(Caunty)	(State		
	21. I certify that I attended alive on NOV 7-3 ACTUAL SIGNATURE PHYSICIAN'S WYLLE M BURIAL, CREMATION, 226. DATE 1	1959		M.D. Cumb	215 RM rom ADDRESS (the causes on Street, city or town,	d on the dote state)			
E	REMOVAL (Specify) UTIAL UNERAL DIRECTOR'S SIGNATURE	7-59	Greenmount ADDRESS umberland,	Cem-		nberland		RE		

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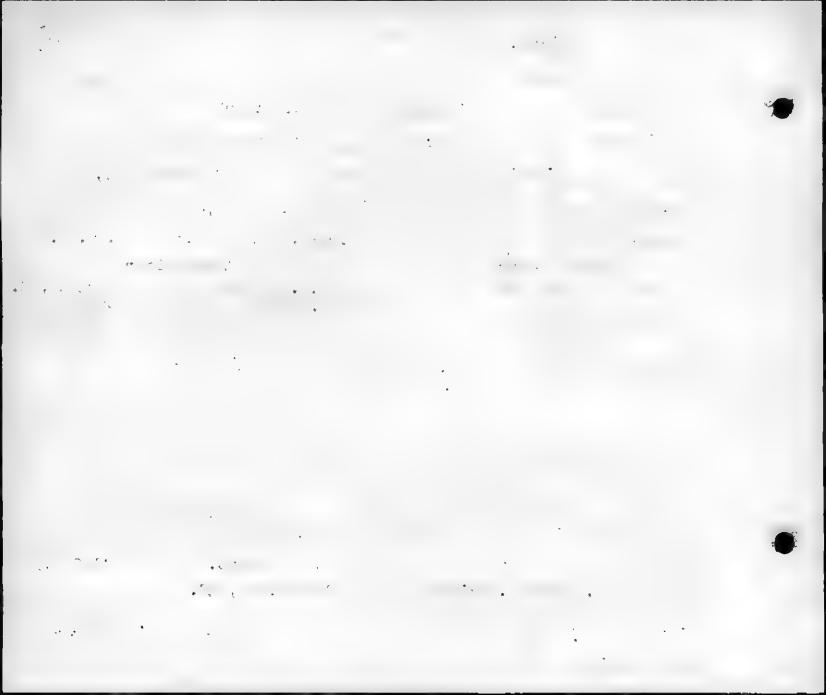
	TAUJA		<u> </u>					Re	eg. Dist. N	lo.
D. PLACE OF DEATH	us —			2		E (When	e deceased lived. If		Residence be	fore admission)
6. COUNT	Allegany		MARYLAI	ND	o. STATE Mar	yla	nd 6. c	A.	llega	ny
b. CITY OR TOWN RURAL and give	(If autside corporate limits,	write c LE	ENGTH OF STAY IN	16	c CITY OR TOWN	N (IF au	tside corporate limits,			
	rland		6/10/59		Wes	ter	nport			
OR INSTITUTION	TAL (If not in hospital, give any County	Infin			STREET ADDRE		kview Dr	ive		e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)	Nett:	Le	Middle	K	idwell	1	4. DATE OF DEATH NOV	Month ember	4	Day Year
5 SEX	6 COLOR OR RACE 7	- MARRIED	NEVER MARRIED	В.	DATE OF BIRTH		9. AGE (I lost bir	n years IF	UNDER 1 YEA	AR IF UNDER 24 HE
Female		/IDOWED K		_ /	/14/188	1	78	yrs.	onths Days	s Haurs Min.
during most of wo	ION (Give kind of work do irking life, even if retired)	ne 106 KIND	OF BUSINESS OR II	NDUSTR			st Virgi			S. A.
3. FATHER'S NAME					14. MOTHER'S MAIL		ME			
	James Task	or		Į			Saral	1 Bis	er	
	ER IN U S. ARMED FORCE		AL SECURITY NO	INF	P.O.	Вох	599	Address	Cumbe	rland, M
Yes, no, ar unknown)	(If yes, give war or dates of servi	ce)					ty Infin	mary	Reco	ords
IB. CAUSE OF DE	EATH [Enter anly one cous	e per line far	(a), (b), and (ch)]					,	jin	NTERVAL BETWEEN
PART I DI	EATH WAS CAUSED BY.		Tal.	u	conas	11	1/11000	1500	1.5.	NSET AND DEATH
Su, X	DUE TO		1	1	0	1.	1//	1		
Canditions, if	ony, which) (b)		Kolri	les	al 4	Ken	cherry	RAG	, -	7
gave rise to cause (a), statin lying cause last	g the <u>under-</u> DUE TO		Cereli	2	e ar	to	risock	eros	rio	?
PART II. O	THER SIGNIFICANT CONDI	TIONS CONTE	RIBUT NG TO DEATH	BUT NO	or RELATED TO THE	TERMIN	ALD-SEASE CONDIT	ION GIVEN	IN PART 1(a)	19, WAS AUTOPS PERFORMED? YES NO D
20a. ACCIDENT V	AS UNDERLYING 1 20 CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE	HOW INJURY OCC	JRRED/	Enter nature of inju	ory in Po	ort I ar Part II af item	18 }		
20c. TIME OF INJU Hour a. m	. 10	While	OCCURRED 200 Nat while at work	e PLAC factar	OF INJURY (Hame y, street, affice bldg	e, form, g., elc.)	20F (City or town)		(Count	ly) (Star
	that I attended the d	lacacead fr	om 6/10/	59	10 to	, 71	/24/59	10 the	at I last se	aw the desert
alive an 11		19		-		0	A, from the cau			
dive di			, and mar de	Julii O	ccorred dimens		DDRESS (Street, city of			DATE SIGN
ACTUAL	accus (0.1	2 Lea	as	119 G	rae	ne St.		1.	1/25/59
PHYSICIAN'S NAME (Type)	Dr. James	E. Mcl	Lean				and, Md.			
	ON, 72b. DATE THEREOF	-9 mc	NAME OF SEMETER	RY OR O	REMATORY	7	MO 10	, town, ar	aunty)	(State)
3. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS		4 24-	PEC'D	BY REGISTRAR 24	th PEGISTE	AR'S SIGNAT	THE
SV. 1	2, La U- W		- /-	/ -		TE NOV	- 1	/	7 S. Kr	
	A / T 1 X / / /	14 10	1 X/7 Arm	1 2	F W/ CF UAI	IE FEW I	4 4 4 4	100000	T/ 40. / V/4	ALACATE .

TO HOSPITAL OR ATT VOING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be retained by haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fact page 3 should be detached for use as the burial-transit permit. Then please remove capon papers. Pages 1 and 2 should the registrar prior to burial, cremotian, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B

eral director, be tiled with



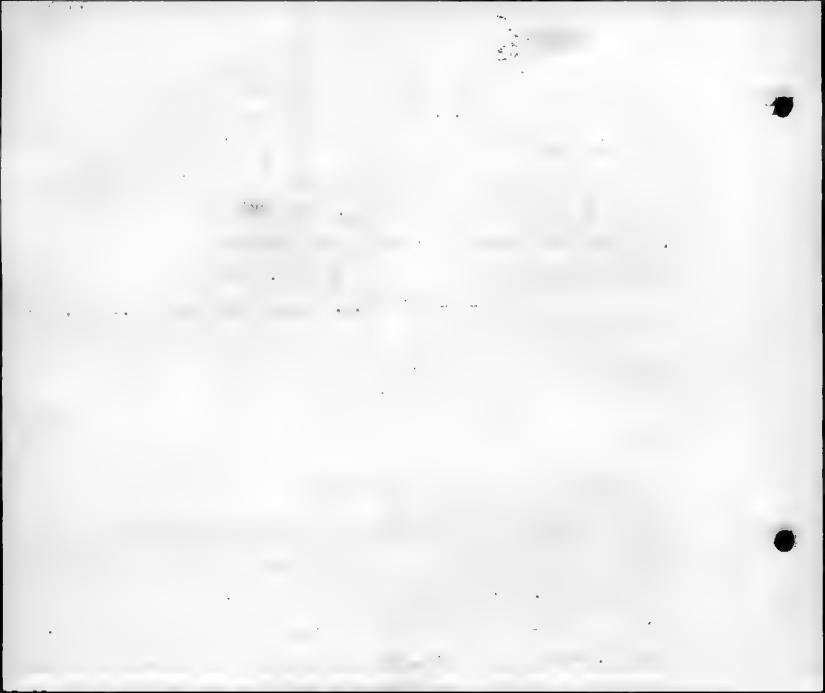
70020			Keg. Dist.	No.
1. PLACE OF DEATH G. COUNTY	MARYLAND	O STATE	I. CONTRACTOR	The second secon
				Legany
b CITY OR TOWN (It autside carporate limits, write RURAL and give nearest tawn)		· ·		e negrest tawn)
Frostburg			<u>g</u>	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE
Miner's Hospital		503 Ormo	nd Street	YES NO N
	Middle	Last	4. DATE Month	Day Year
(Type or print) Phoebe	Ellen	Knepp	DEATH November 12	2th. 1959
5 SEX 6 COLOR OR RACE 7 MARR	ED X NEVER MARRIED		9. AGE (In years IF UNDER 1)	YEAR IF UNDER 24 HRS.
Female White WIDOWE	D DIVORCED	Nov. 17th.		gys Hours Min
10a. USUA, OCCUPATION (Give kind of work dane) 10b				N OF WHAT COUNTRY?
	irt Factory	Pennsylv	ania III	SA
	110 100001			
Emanuel Coleman		Sarah M.	Hess	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.		Address	
	6-01-6051 Ge	O.H. Knonn	FOI Ownerd St	D+1- MA
		O III TOILE OF	AVE OTHIOTIC ST.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		1	/	ONSET AND DEATH
1/////	or or cong	T Dai		
	cond//	Lang Danie	,	
gave tise to immediate	and the	J Or and	rellysis	
couse (d), siding the under-	1 serlenger	~		
	ONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERMIN	DISEASE CONDITION CIVEN IN BAPT 1	(a) 19 WAS ALTOPSY
E TO THER SIGNIFICANT CONDITIONS	A A	NOT REDATED TO THE TERMIT	NAEDISEASE CONDITION GIVEN IN PART I	PERFORMED?
3 Juanes / le	llille,	D. ID. A. C. S.	hand I am Bout III of Many 10 to	YES NO Z
	KIBE HOW INJURY OCCURRE	D (Enter nature at injury in t	diti di Loui il di nemile i	
20c TIME OF INJURY Month, Day, Year 20d, IN	i-			enty) (State)
O Hour a.m. While at wari		clury, sireer, write oldy, etc.	1	
	ed from 7/2 0	10 5 7 tn //	1/2 103 Tithat I last	tow the deceased
100 11.		accurred of		
1 2 2 2 3 1 7 1 2 2	A dia mar acam		•	DATE SIGNED
ACTUAL DE STORE M	mon	Algona	uin Hotel.	1111210
SIGNATURE		M.D		
PHYSICIAN'S George M. Simo	ns,	" Cumber	land, Md.	
	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, at county)	(State)
Burial 11-15-59	Rest Lawn M	em Gardens	LaVale.	Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC'S	BY REGISTRAR 246. REGISTRAR'S SIGN	JATURE
Joseph R. Durst, Fro	ostburg, Md.	DATE NO	V 16'59 Circhun X 1	haud
	De County Allegany b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frostburg d. NAME OF HOSPITAL (If not in hospitat, give street of Name of Hospital (If not in hospitat), give street of Name of Hospital (If not in hospitat), give street of Name of Hospital (If not in hospitat), give street of Name of Hospital (If not in hospitat), give street of Name of Hospital (If not in hospitat), give street of Name of Hospital (If not in hospitat), give street of Name of Hospital (If not in hospitat), give street of Name of Hospital (If not in hospitat), give street of Name of Hospital (If not in hospitat), give street of Name of Hospital (If not in hospitat), give street of Name of Hospital (If not in hospitat), give street of Name of Hospital (If not in hospitat), give street of Name of Hospital (If not in hospital), give street of Name of Hospital (If not in hospital), give street of Name of Hospital (If not in hospital), give street of Name of Hospital (If not in hospital), give street of Name of Hospital (If not in hospital), give street of Name of Hospital (If not in hospital), give street of Name of Hospital (If not in hospital), give street of Name of Hospital (If not in hospital), give street of Name of Hospital (If not in hospital), give street of Name of Hospital (If not in hospital), give word of work of working in the Interest of Name of Hospital (If not in hospital (If not in hospital), give word of work of work of working in the Interest of Name of Hospital (If not in hospital (If	1. PLACE OF DEATH a. COUNTY Allegany B. CITY OR TOWN (If auside corporate limits, write RURAL and give nearest favm) Frostourg d. NAME OF HOSPITAL (If not in hospital, give street address) Miner's Hospital 3. NAME OF First Middle [Type or print] Female White Whowed Divorced 10a. USUA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUITABLE AND DESCRIBE TO WIDOWED DIVORCED 113. FATHER'S NAME Fmanuel Coleman 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, gay wor of odds of service) (If yes, gay wor of odds of service) FART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) DUE TO Canditions, if any, which gave rise to a immediate cause (a), stating the under Iying cause last. PART II. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 22. AND CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I attended the deceased fram. 22. AND CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 22. FOR BURIAL, CREMATION, 226. DATE THEREOF RANGVAL SECORY PHYSICIAN'S GEORGE M. SIMONS, NAME (Type) GEORGE M. SIMONS, NAME (Type) GEORGE M. SIMONS, NAME (Type) GEORGE M. SIMONS, SIGNATURE PHYSICIAN'S GEORGE M. SIMONS, NAME (Type) GEORGE M. SIMONS, NAME (Type) GEORGE M. SIMONS, SIGNATURE ADDRESS	1. PLACE OF DEATH G. CUNNY Allegany C. LENGTH OF STAY IN 1b RURAL and give necess town Frostburg A. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Miner's Hospital 3. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Miner's Hospital 3. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Miner's Hospital 3. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Miner's Hospital 3. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Frostburg First Middle Lost Knepp A DATE OF BIRTH Knepp Sew. Machine OperatorShirt Factory Pennsylv 10. USUA. OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sinter of the property of t	1. PLACE OF DEATH C. COUNTY Allegany MARYLAND b. CITY OR TOWN (If ain deep capeate limit, write D. O. A. COUNTY All b. CITY OR TOWN (If ain deep capeate limit, write URLAL and give necessate form) Frostburg d. NAME OF MOSPITAL (If and in hospital) D. O. A. Through the property of the p

ral director. be filed with TO HOSPITAL OR ATTACHING PILYINGIAN: The law requires that the deal certificate be executed within 24 haurs after may be retained by haspital or attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the tyage 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

VE A15 (4) 15M 9/5B

th. Page 4



VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12094

CERTIFICATE OF DEATH

200	A M	CLICIT		TIE OI DEATI			Reg. Dist. I	ło.	
PLACE OF DEATH G COUNTY				2. USUAL RESIDENCE (W)	here decease		on: Residence b	efore adm	nission)
Allegany		MARI	LAND	Md		b. COUNTY	Allega	172.37	
b. CITY OR TOWN (If outside corporate la RURAL and give nearest town)	mits, write	c LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If e	outside carpo	rate limits, write R		The second	ıwn)
Frostburg		5 Wks		/ Eckharts	70.0				
Frosthurg d NAME OF HOSPITAL (IT not in hospital, OR INSTITUTION Miner's	give street of Hospi			d. STREET ADDRESS				ON	RES DENCE
				P.O. Box		*		1123	TI WORK
DECEASED	First	Middle		Last	4. DATE OF	Mon		Day	Year
(Type or print) Anth		J.		matz	DEATH	13		8	1959
5. SEX 6. COLOR OR RACI	E 7. MARRI	ED 🔯 NEVER MARRI	ED 🔲 📑	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE		
Male White	WIDOWE			4	1906	last birthday) 53m	Months Day	/s Hou	rs Min.
 USUAL OCCUPATION (Give kind of wordering most of working life, even if retire 	k dane 10b. i	CIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPLACE (State	or foreign o	auntry)	12 CITIZEN	OF WH	IAT COUNTR
Butcher		leat Mark	et	Md. Zihl	man		U.	S. A	Α.
3. FATHER'S NAME	40%			14. MOTHER'S MAIDEN N			1		
Andrew Versetz						202			
Andrew Komatz s, was deceased ever in u. s. armed fo	NPCES2 14 6	OCIAL CECURITY NO	177 19	Martha E	OTIL				
(If yes, give wor or dates o	l sarwrei					Addi			
No.	27	7-14-457	o M	rs. Ruth Ko	matz	, Eckhar	t, Md.		
18 CAUSE OF DEATH [Enter only one	couse per Jin	e far (a), (b), and; (c).]	-1	,	1 "			BETWEEN
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE	CV4	012	200 2	- lash	0 151	with	0	NSET AN	YD DEATH
2445 x DUE 1		7		Bana Car	a print			-	1
And American	n	1.11:00		A The	1 X	`		クース	39011
gave rise to immediate	(b)	20 y y	100	U Mypi	211 2	nach	w.	p- 1	100
cause (o), stating the under-	0	la - (1.	0	///	1	1		17	200
lying cause last	(c)	K CY T	-CK_	Roser a	nes	ma		6/1	25,
PART II. OTHER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART 1{o	19 WA	S AUTOPSY
	2200	ne 05	10	med-1-01	reac	poin.			NO P
- On- A COUNTY IN THE STATE OF		RIBE HOW INJURY O	CCURRED	. (Enter nature of injury in	Port I or Por	I II of item 18.)			
IF EITHER, NOTIFY MEDICAL EXAMINER	H					·			
20c TIME OF INJURY Month, Day, Y Haur a.m., 19	ear 20d. IN	JURY OCCURRED	20e. PLA	CE OF INJURY (Home, form	20f. (Cit)	or town)	(Coun	ty)	(State)
Mour p. m. 19	While at work	Not while	RDC	tory, street, office bldg., etc					
21. I certify that I attended th			-10	. 1959. ta	11-	8 1039	that I last		
alive on 11-8	10-	0			2	France 17abet	_,that f last	SUW IN	e decedse
dive oil	, IZY_	, and that	dearn		M, fran	n the causes a	nd on the o	late sta	sted abov
ACTUAL X	1	101.0	/	20111	ADDICESS (S	reel, city or town,	store]_	,	DATESIGNE
SIGNATURE	K	LUCK	A	A.D	ING	Un of			110/
PHYSICIAN'S HICE)ie	4L,M	D	Fro	2/1	una	mis	/	
20. BURIAL, CREMATION, 22b. DATE THER	OF	22c. NAME OF CEM	ETERY OF	CREMATORY	22d, LOCA	TION (CAY IOWA, O	if caunty)	(5)	tote)
REMOVAL (Specify) Burial 11-11-	Tro ro								•
3. FUNERAL DIRECTOR'S SIGNATURE 7		Eckhart			Eelch		TRADIC CLCS]	Md.
2 1 6 11 41 - 1 33	fer F		lome		D BY REGIST	4	TRAR'S SIGNA		
enech A. Merelisary Do	East	main, rr	ostb	ourg, Md DATE	NOV 1 6	'59	Certinus &	France	



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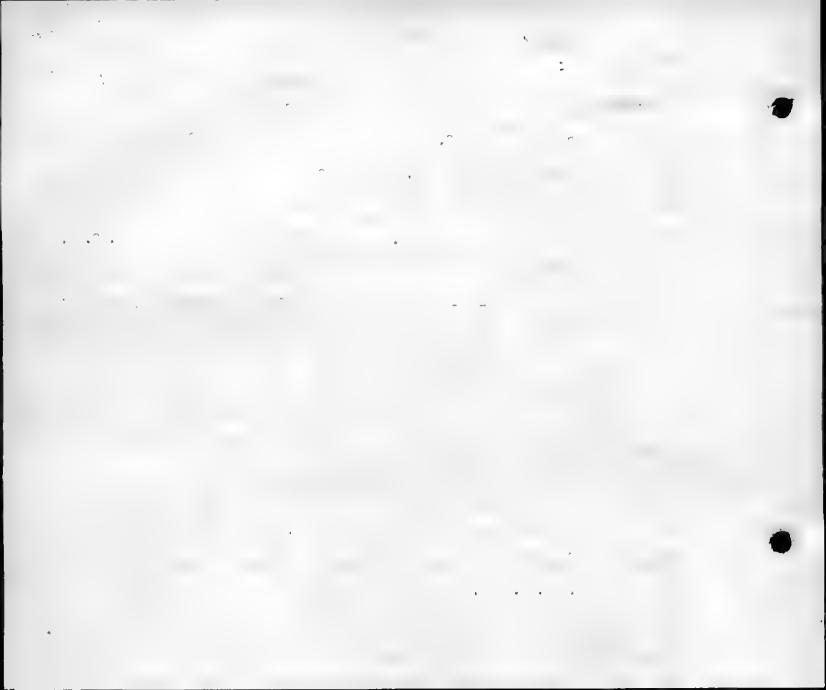
CERTIFICATE OF DEATH

		12053	QERTITOR.	TE OF BEATT	Reg. Dist. No.
		PLACE OF DEATH		2. USUAL RESIDENCE (Where decease	d lived. If institution, Residence before admission)
	· ·	°. COUNTY	MARYLAND	MARYLAND	ALLEGANY
	1	b. CITY OR TOWN (If outside corporate limits, wri RURAL and give negrest town)	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	prote limits, write RURAL and give nearest town)
		CUMBERLAND	14 DAYS	∴ FROSTBURG,	
		d NAME OF HOSPITAL (If not in haspital, WAR OR INSTITUTION HOSPITAL	WICKES MEMORIAL	d. STREET ADDRESS 51 SOUTH WA	TER STREET e is residence on a farm? yes no. []
	3 (NAME OF First	Middle	Lost 4. DATE OF	Manth Day Year
		(Type or print) BERNARD	М.	LEESE DEATH	NOVEMBER 17 19 59
	5. 5	SEX 6. COLOR OR RACE 7. A	AARRIED 💢 NEVER MARRIED 🔲	B. DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Haurs Min
		MALE WHITE WID	OWED DIVORCED	SEPTEMBER 14	60 yrs moning bdys riddrs
	100	LSUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	10b. KIND OF BUŞINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign of	
	_	Maintenance Man	C&A Gas Co.	MARYLAND	U. S. A.
*******	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		WILLIAM LEESE		MARGARET M	C KENZIE
		WAS DECEASED EVER IN U. S ARMED FORCES? IS, no, or unknown} (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	NFORMANT	Address
		2	4-05-8195	MEMORIAL HOSPITAL,	CUMBERLAND, MARYLAND
		1B. CAUSE OF DEATH Enter only one couse p	er line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	/Yadakino	Dugase (h	Homeson 3 men
		DUE TO	Al C	2 2	
		Conditions, if any, which) (b)	V planes	magaly	enchetia.
		gave rise to immediate DUE TO	ADV.	0	
		lying cause last (c)	1021.00	erulit she	5 C 6 0
	Z	PART II OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CAT				YES NO
	CERTIFICAT	20g. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part) or Par	rt H af item 1B)
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	CAL				y or town) (County) (State)
	MEDI		hile Nat while Tac	clory, street, office bldg., etc.)	
	_	21. I certify that I attended the dec	ansad from Ga-	7 19 54 to 11-1	7-19-5. Wat I lost sow the deceased
		alive on	9 59, and that death	7- 11	
		dive on	did mar deam	ADDRESS IS	the couses and on the date stated above. Iroel, city or town, state) DATE SIGNED
		ACTUAL	Meller	Cum	harden & Md. 11-19-0
/		SIGNATURE	1 1 - 1 - Copy	MAIO: C. A. C.	
		PHYSICIAN'S DR. W. F.	WMS.		
	220	BURIAL, CREMATION 22b. DATE THEREOF	22c. NAME OF CEMETERY O	P CREMATORY 22d LOCA	TION (City, town, or county) (State)
		REMOVAL (Specify) Burial 11-20-59	Philos Cen		
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIS	
			Frostburg, Md.	MOULD	

eral director, be filed with oth. Page 4 TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after any be retained by hospital or attending physician.

TO FUNERAL DIRECTAL: After this certificate has been signed by the attending physician and campletely filled in by the Fun page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after geath.

VS A15 (4) 15M 9/58



Cumberland, Md

24b. REGISTRAR'S SIGNATURE

Ciriling & Kings

24g. REC'D BY REGISTRAR

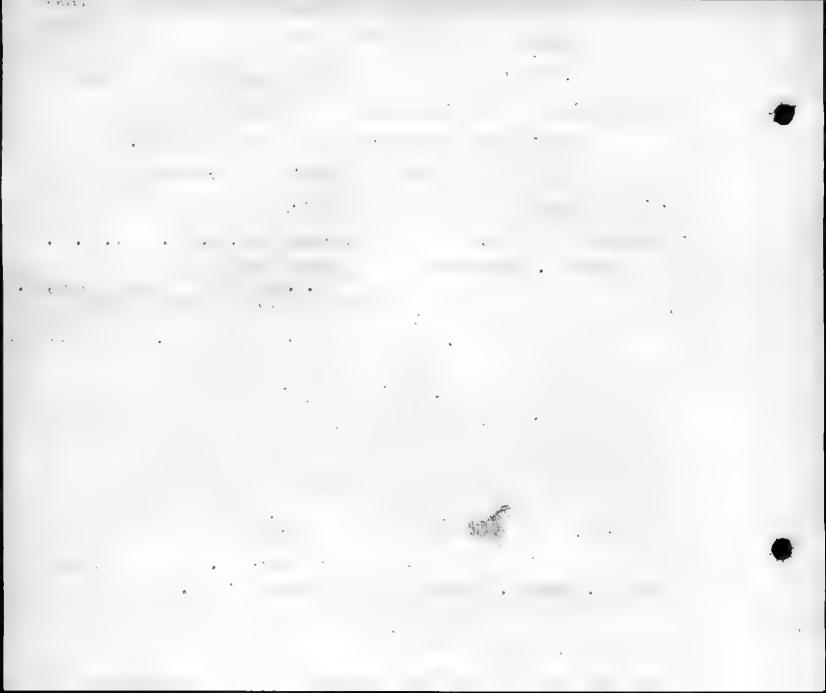
DATE NOV 6

deoth HUNERAL DIRECT

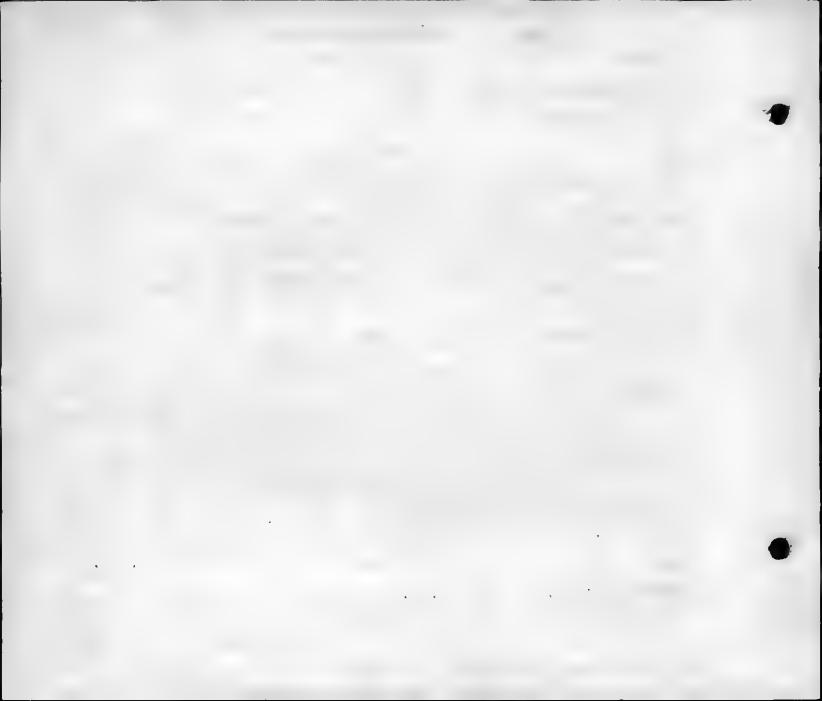
2 VS A15 (4) 15M 9/5B

a

James F. Scarpelli



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12055 CERTIFICATE OF DEATH 12106 Reg. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where decegsed lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN IIE outside carporate limits, write ¢ LENGTH OF STAY IN 16 c. CITY OR TOWN HI butside corporate limits, write RURAL and give nearest town) -RURAL and give nearest town d. NAME OF HOSPITAL (If not in bospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle 4. DATE Month Doy Year DECEASED OF DEATH (Type or print) 19-5. \$EX 6. COLOR OR RACE 7. MARRIED NEVER 9. AGE (In years lost birshday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b 12. CITIZEN OF WHAT COUNTRYS 10. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO 17 INFORMAN Address CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac fibbillation IMMEDIATE CAUSE (o) **DUE TO** Coronary Heart Disease Canditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Polmonar 16.0515 YES NO KI 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port I or Part II of Item 18) MEDICAL 20c TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) Hour o. m. factory, street, office bldg., etc.) While Not while at work 21. I certify that I attended the deceased from November 3,19,59, taNo. 9, 19,59, that I last saw the deceased , and that death accurred at 3:00PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 48 Broadway, Frostburg, Md. ACTUAL FUNERAL I Walters. M. D. 220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION [City, towar or county] (Stote) DIAMAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VS A15 (4) 15M 9/55



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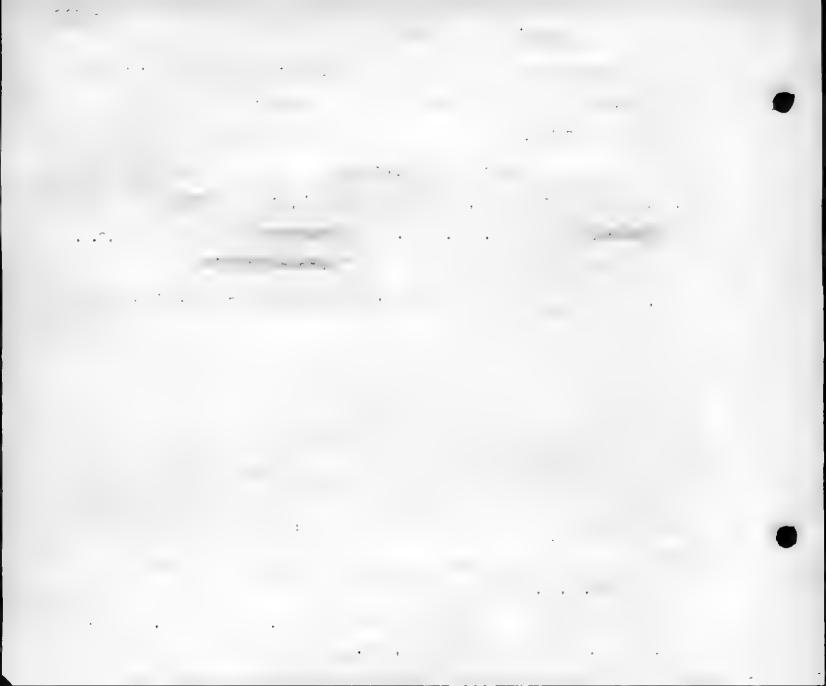
						Keg. Dist. 140.
2	1. PLACE OF DEATH g. COUNTY A1	LLEGANY	MARYLAND	2. USUAL RESIDENCE (W a. STATE MARYLAN	here deceased lived If instituti b. COUNTY	
	b. CITY OR TOWN (I RURAL and give no CUMBER!	D. A. Delle.	6 DAYS	CUMBER	autside carporate limits, write R	URAL and give nearest tawn)
>	OR INSTITUTION	AL (If not in haspital, give street AL HOSPITAL	t address)	d. STREET ADDRESS	ENE STREET	e. IS RESIDENCE ON A FARM? YES NO N
	3. NAME OF DECEASED (Type or print)	First JAME	Middle LOG!	Last SDON	4. DATE Mon	/
	5 SEX MALE	WHITES WIDOW	/ED Z DIVORCED		9. AGE (In years last birthday) 81 yrs.	Manths Doys Hours Min.
	ketiren cr	1	. Md. Rwy.	Prostou	rg, maryland	12 CITIZEN OF WHAT COUNTRY?
Marie 1		LOGSDON		14. MOTHER'S MAIDEN	Yates.	
	15) WAS DECEASED EVE (Vas. no. or unknown) No.	R IN U. S ARMED FORCES? 16 (If yes, give wor or doles of service)		MEMORIAL HOSP	ITAL - CUMBERLA	AND, MARYLAND
	PART 1. DEA 592 × Canditions, if a gave rise to i cause (a), stating lying cause last.	mmediate but to	hromes le	Charles to the Term	Dhapan 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ONSET AND DEATH
	200 ACCIDENT WAS OR CONTRIBUTING	S UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURRE	7-6-		PERFORMED?
	O (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a.m. p.m.	MEDICAL EXAMINER) Y Manth, Day, Year 20d. While at wa	Nat while for	ACE OF INJURY (Hame forrctary, street, affice bldg., etc.		(Caunty) (State)
diameter (ACTUAL SIGNATURE	at I attended the decear	hum,	A.D. (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	M, from the causes an ADDRESS (Street, city or town,	that I last saw the deceased d on the date stated above. DATE SIGNED
	Burial CREMATIO Burial Specify)	11/9/59		R CREMATORY Memorial Pk	22d LOCATION (City, town, o	
	23. FUNERAL DIRECTOR' Charles		Cumberland, A	//d.		STRAR'S SIGNATURE Inthur & Krause

TO HOSPITAL OR A) FING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs ofter depth may be retained by lospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar priar to burial, cremation, or remayal, and in any event within 72 haurs after death.

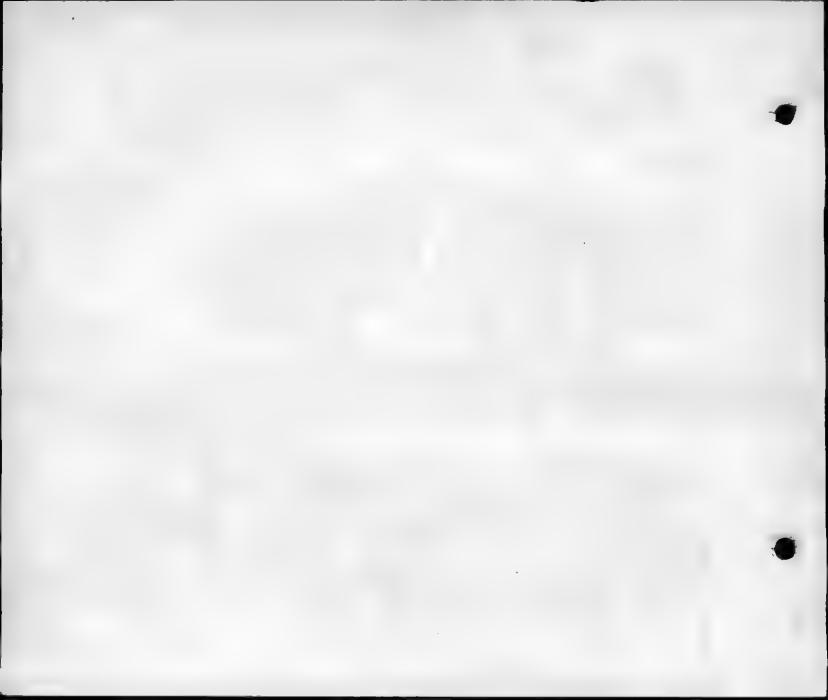
eral director, be filed with

VS A15 (4) 15M 9/58



X 1			MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18	4 C OF W
17	TATE		MEDICAL EXAMINER	S'S CERTIFICATE OF DEATH	12057
	DEPT.		12056	Reg. Di	
	DEE1.	1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Reside	
Poge files. Health,		-	Allegany MARYLAN	mary rand	llegany
H THE	P		b. CITY OR TOWN (If outs de corporale healts, write EUEAL ond give negretal dwn)		give nearest fawn)
100	\$16 m	_	Cumberland 64 yrs.	Cumberland	
of direct	- 1		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	ON A FARM?
red red te B	1	-	904 Michigan Ave.	904 Michigan Ave.	YES NO 🔀
fun fun efoi Sto Sto dea		3.	NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year
Fe r		-	(Type or print) John Martin SEX 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED TO	Manthely DEATH NOV.	14 19 59
3 to		3.	THE TAX MARKED	lost bushday1	LYEAR IF UNDER 24 HFS Days Hours Min
5 mg		10	Male White WIDOWED St DIVORCED	Aug. 25, 1895 64 yrs. Moores	ZEN OF WHAT COUNTRY
deo 2, c 3, c age and and		- E	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if refired) Retired Pipe Fitter Railroad	Cumberland, Md.	USA
3-1-1		-	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
P. W. D. C.	-		John Hantheiy	Mary Hooft	
Se E o		15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17		and ventilent with
4 9 4 F		I¥4		Mrs. Mary F. Browning, Baltim	ore. Md.
in series			18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
en e			PART I, DEATH WAS CAUSED BY:	Occlusion	sudden
o se de la contra			420, / DUE TO		- Salataon
Office and work				tic Hypertensive Disease	years?
Paris Control			gove rise to immediate cause (a), stating the underlying DUE TO		
in in a b			couse last. (c)		
ing ing xan		3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY
of E	J	ĪŠ			YES NO
Edic Per I		SHE	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part I or Part II of Item 18.)	-
M M or		CERT	PRIMARY () or CONTRIBUTING () CAUSE OF DEATH.		
the party of the p		WEDICAL		PLACE OF INJURY (Home, form, 20f. (City or town) (Cau factory, street, office bldg., etc.)	inty) (Stole)
Ne de la		MEC	Hour e. m. White Not while of work of work at work		
AMI Mrritis Pog			21. I certify that I taak charge of the remains described a	bove, held an Autopsy 🔲, Inspection 🔣, Inquir	y 🔀, and in my
X S to			opinion death resulted from: Natural causes 🔀, Acciden	t 🔲, Suicide 🔲, Homicide 🔲. Undetermined n	nonner 🔲
₹ 5 °			B + Ui		DATE SIGNED
EDIC fary fary DIRI			SIGNATURE Denedict Sketarel		DATE STORED
he of be	,		EXAMINER'S Duddink Claire molific	ASSISTANT MEDICAL EXAMINER (1) MD DEPUTY MEDICAL EXAMINER (2) NOV.	17. 1959
2 5 5 8 8		-	NAME (Type) Benedict Skitarett C		11, 1000
Sho Sho		32	Burial CREMATION 226. DATE THEREOF 122c NAME OF CEMETERY Burial Nov.19,1959 St. Mary	or crematory 226 location (city, town, or county) 's Cemetery Cumberland, Md	(State)
5 2 5 0			Burial" Nov.19,1959 St. Mary		
VS A15ME	,	23	James F. Scarpelli, Cumberland,	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	
5M 2,57	4.3		odino i vodi pozizi odinoti zdia	DATE NOV 1 9 '59 Outher &	Henra .

N. Sec.



loy be retained by FUNERAL DIRECTO 9 VS ATE (4) 15M 9/5B

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e. IS RESIDÊNCE ON A FARM? YES X NO Month Year NOVEMBER 19 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days 12 CITIZEN OF WHAT COUNTRY? U.S.A. WARWICK & MEMORITAL AVENUE MEMORIAL HOSPITAL - CUMBERLAND. MD. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO | (County) (State) 19.2 that I last saw the deceased and that death occurred at 2:45AM, from the causes and on the date stated above ADDRESS I Street, bity or town, state ACTUAL SIGNATURE PHYSICIAN'S DR. W. R. HODGES NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATUR ADDR 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV arthur & Krons

12058

Rea. Dist. No.

Bedford



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

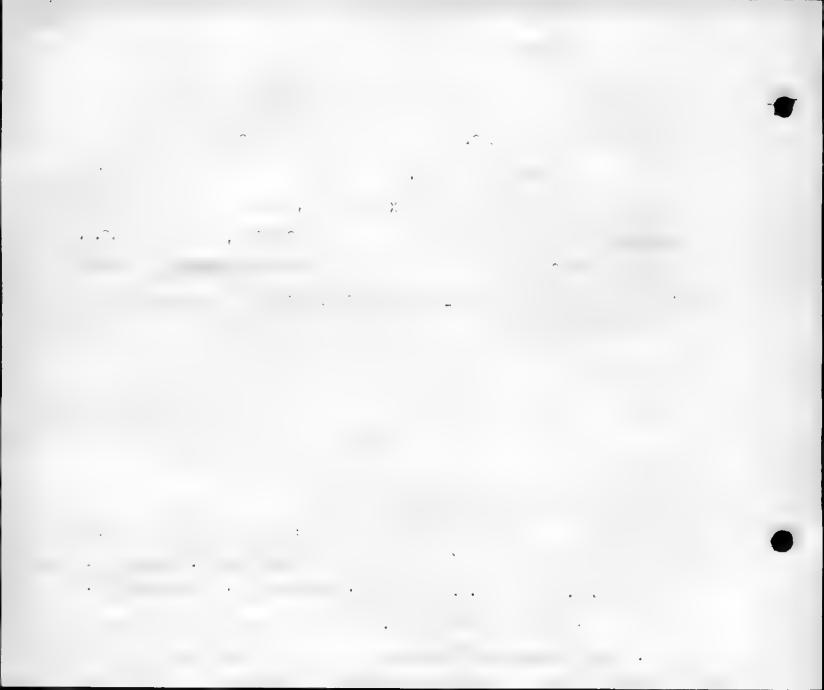
		CERTIFICATE OF DEATH Reg. Dist. No.
v	AAABYI AAD	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Manuar Tanad b. COUNTY 13.7 To grants.

1	1. PLACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceased live	d. If institution, F	teridence bel	ore admission	j
/	allegany	MARYLAND	o. STATE Mary	land	b. COUNTY	Alleg	any	
	b. CITY OR TOWN (If outside corporate limits, write EURAL and give negres) town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate	limits, write RURA	L and give n	eorast town)	
	Cumberland	35 yrs.	Cumi	berland				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in		, d. STREET ADDRESS				e. IS RESIDE	
d	Memorial Hosp	ital	101 Penns	sylvania	Ave.		YES N	
	3. NAME OF First DECEASED	Middle	Lest	4. DATE	Month	Day	Year	
	(Type or print) Mary	Drucille Meri	rill	OP DEATH	Nov.	20	19 E	59
	5. SEX 6. COLOR OR RACE 7. MAI	RRIED 🔀 NEVER MARRIED 🔲 8.	DATE OF BIRTH		booth doors	DER TYEAR	IF UNDER 24	HRS.
	101111111111111111111111111111111111111		pril 10,18	878 8	B) yes. mon	ths Days	Hours Min	1.
	10a, USUAL OCCUPATION (Give kind of work done 10k during most of working life, even if retired)	6. KIND OF BUSINESS OR INDUSTI	Y 11. BIRTHPLACE (Store	or foreign country)	12.	CITIZEN O	WHAT COU	NTRY?
	Housewife	Own Home		many, Mo			USA	
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	VAME				
\mathbb{I}	Samuel D. Humme.		Ma:	ry Tate				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yat, no, or unknown] jif yes, give war or dense of service)	16. SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
	no	M:	e. Harry Me	errill,	Baltimo	ore.	Md.	
	18. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b), and (c).]				INTER	VAL BETWEEN T AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Cardiac Failu	re. Chroni	c Myoca	rditis	3	Wks	
	422. DUE TO							
	Conditions, if any, which) (b)	Arteriosclero	tic CV dis	ease				
	gove rise to immediate couse (0), stoling the underlying DUE TO							
	couse lost.							
	PART II, OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CON	D.TION GIVEN IN	PART 1(0)	P. WAS AUTO	PSY
	PART II. OTHER SIGNIFICANT CONDITIONS Terminal Bronchop 200. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING CX CAUSE OF DEATH.	neumonia; Ur	emia: Frac	tured h	ip, wri	st	ES NO	T.
	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TX	RIBE HOW INJURY OCCURRED. (En	iter noture of injury in Port	I or Port It of item	18.)		1	
		Fell at hom						
		d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form ry, street, affice bldg., etc.	20f (City or tov	vn)	(County)	{St	rate)
	10:00 0ct. 29 159 of	hile Not while tacto	ome		erland.	Mile	eg. Md	
	21. I certify that I took charge of the	e remains described abov	e, held an Autops	y 🔲, inspec	tion X, Inc	quiry X	and find	that
ļ	death resulted from: Natural causes				rmined cause			
	1	P						
	SIGNATURE Sevedent S	ketorelie	M.D. CHIEF MEDICAL EX	AMINER 📗			DATE SIGNE	D
	EXAMINER'S Des Domodian		ASSISTANT MEDIC	AL EXAMINER				
	NAME (Type) Dr. Denedict	Skitarelic,M	DEPUTY MEDICAL I	EXAMINER 🔀	Nov. 21	, 195	9	
	220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL 11-23-59	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or cour	nly)	(State)	
		Sunset Memo			rland,	Md.		
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR	S SIGNATUR	RE	
	James F. Scarpelli,	Cumberland, 1	ICL . DATELON	125'59	Clathur	& Hears		

VS. A15ME(5) 5M 9/55



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HEALTH DEP

Page files

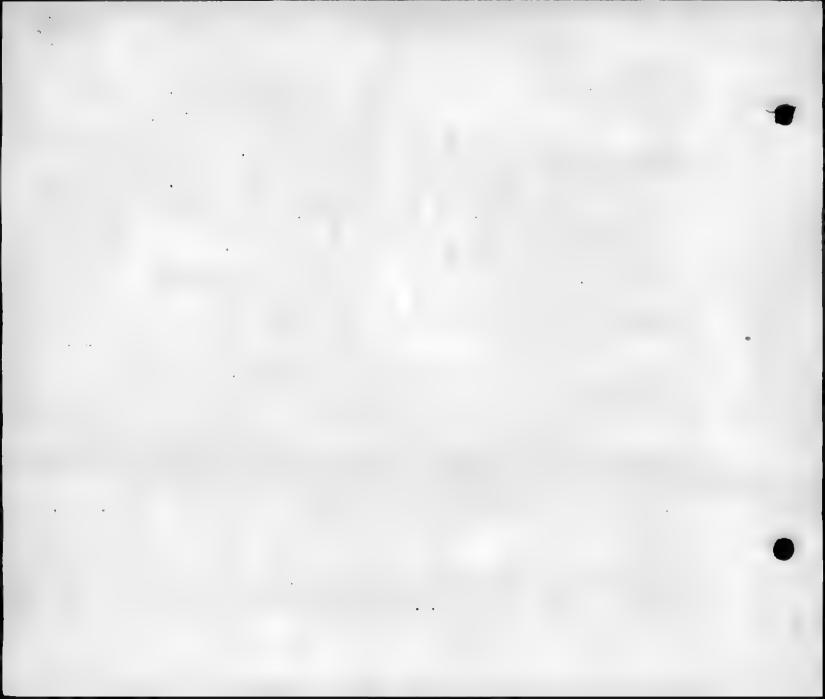
TO IEPUTY MEDICAL EXAMMER: This certifical should be exacuted within 24 hours ofter death. If any delay is necessexecute the certifical writing the word "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funeral directional be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in our event within 72 hours after death.

VS A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CEPTIFICATE OF DEATH

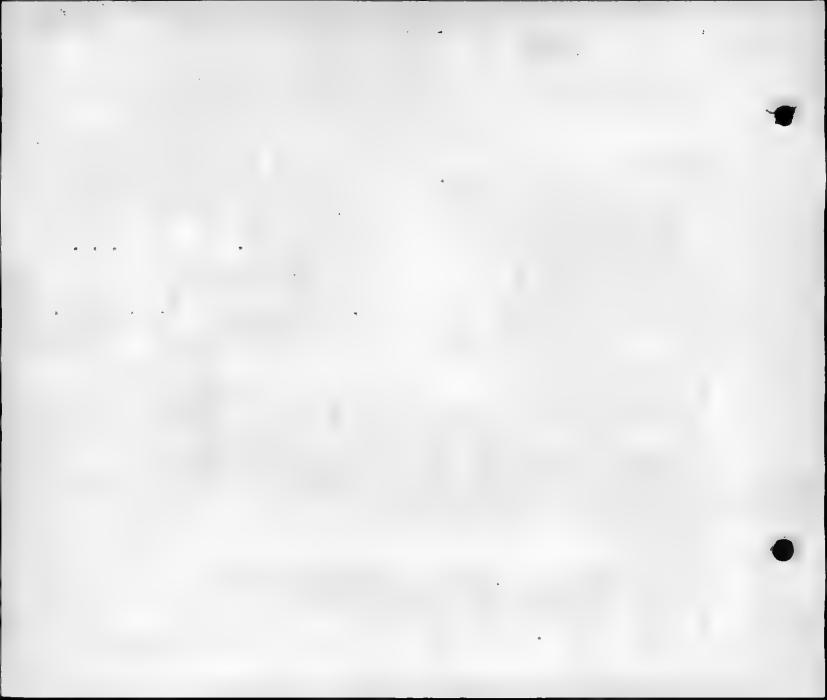
	40000		J CERTIFICATE OF DEAT	Reg. Dist. No.
T.	PLACE OF DEATH	County	2 USUAL RESIDENCE (Where deceased lived. If	institution: Residence before odmission)
	o. COUNTY Gunlber Yend / Md	MARYLAND	o. STATE Maryland b. C	Allegany
	b. CITY OR TOWN (It outside corporate I in is, write		c CITY OR TOWN (If outside corporate limits	, write RURAL and give nearest town)
	Gumberland		6 Cumbanians	2010
	d. NAME OF HOSPITAL OR INSTITUTION (I	If not in hospital, give street address)	6 Cumberland	Te IS RESIDENCE
4		b. Tall	P _p	ON A FARMA
	Memorial 7	1-11-4	609 Elm St.	
	DECEASED	st Middle	OF	Month Day Yeor
	(Type or print) John Ed S, SEX 6 COLOR OR RACE	ger Miller	NC	v. 25 1959
	5. SEX	MARRIED NEVER MARRIED	last brithdo	
	Male White	WIDOWED DIVORCED	June 27,1871 88	yrs
	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	done 106 KIND OF BUSINESS OR INDUS	TRY 11 B RTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTR
	Retired Dry Cleaner	Cleaning & Dying	Johnsville, Md.	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	William Miller		Adelaide McClella	n
-)- '	15. WAS DECEASED EVER IN U. S. ARMED FO			ddren
	[Yee, no, or unknown] [If yes, give war or dates of	none!	mrs John R. Jas	m. (simple.) 130
	18. CAUSE OF DEATH (Enter only one cou	use per line for (o), (b) and (c)	The state of the s	TINTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:		mditio	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Chronic Myocs	rattis	
	Hdd, DUE TO			B.
	Conditions, if ony, which (b)	Arterlosciero	tic Cardiov scular Dise	ase
	(a), stating the underlying DUE TO			
	course fost. (c)	The first of the second		
(EE)	PART II, OTHER SIGNIFICANT CON Fractu	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINALDISEASE CONDITIO	PERFORMED?
200		re of Left hip		YES NO X
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18)	
		Fell at home		
	20c. TIME OF INJURY Month, Doy, Yes		CE OF INJURY (Home, form, 20f (City or fown) ory, street, office bldg., etc.)	(County) (Stote)
	9:00 PNOV 19	TALLIAN LAND MILLS AND	ome Cumberl	and. Alleg. Md.
	21. I certify that I took charge		·	
	opinion death resulted from: 1	Natural causes (7) Accident		ndetermined monner
	opinion deciti resorted from:	C C	, solcide, Hollifelde, Gi	ingerestitities injulies [
	ACTUAL B.	XOT	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE SUSSICIONES	& Busines	ASSISTANT MEDICAL EXAMINER	
٠,	IDameter .			
		itarelic, M.D.		vember 25, 1959
	220. BURIAL, CREMATION, 22b. DATE THEREC	OF 22c NAME OF CEMETERY OF	CREMATORY 72d LOCATION (City,	town, or country (Slote)
	Danial 11/28/	/ freecress	Carrier Unter	11/2
	23. FUNETAL DIRECTOR'S SIGNATURE	ADDRESS	246. REC'D BY REGISTRAR 246.	. REGISTRAR'S SIGNATURE
	Louis Allen in	ve. (rent)	DATE DEC 1 '59	Cirthur S. Kraus



5M 2/57

arthur & Trava

DATE



T 10 ()	1	2	0	6	3	
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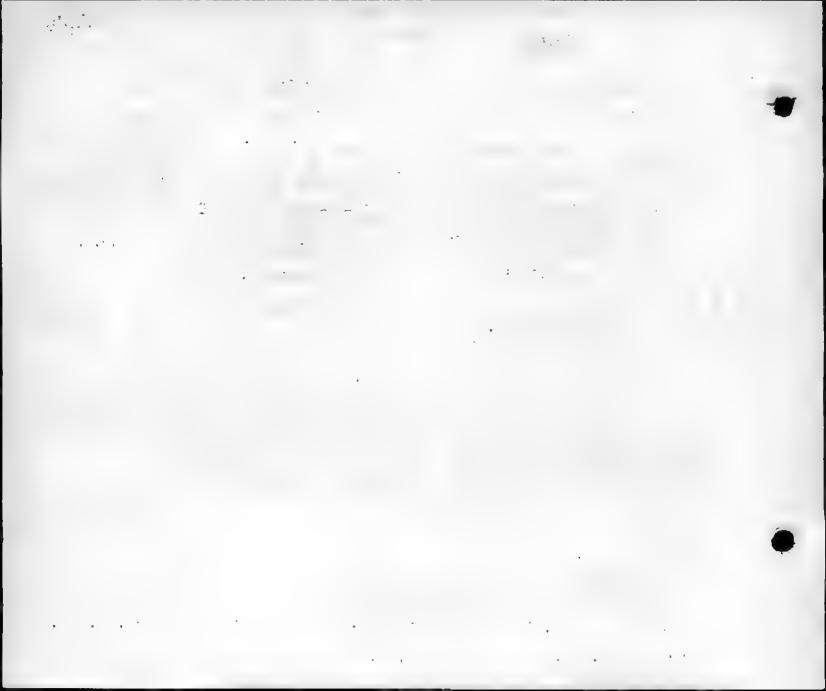
2061	CERTIFICATE OF DEA	AT

1	2	0	6	3
_		1		-

		1	2061	CERTIFICA	EKTIFICATE OF DEATH					Reg. Dist. No.			
		PLACE OF DEATH	- 10 - 10 - 1 - 1			DENCE (Wh	ere deceased li	ved. If institutio	n: Residen	e befare	admissi	ion)	
	,	Allegany		MARYLAND	g. STATE	T.Va.		b. COUNTY	Mine	ral			
	ŀ	D. CITY OR TOWN (IF autside of RURAL and give nearest town		c LENGTH OF STAY IN 15	c. CITY OR	TOW IT (If a	utside carporat	e limits, write Ri		-	est fawn	1)	
		Cumberland		59 days	R	idgel	ev	P	>	P			
2		d. NAME OF HOSPITAL (If not OR INSTITUTION			d. STREET A					e	IS RESI	IDENCE FARM?	
4		Sacred He			F	?t. #	1.					NO [
	3. [NAME OF DECEASED	First	Middle	los	it	4. DATE OF	Mont	h	Day	١	Year	
		(Type or print)	Marv	Viola	Moon	aw	DEATH	11		29	1	19 59	
	5. 5	EX 6. COLO	R OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRT		9.	AGE (in years last birthday)	IF UNDER	_	UNDE	R 24 HR	
		Female Whi	WIDOWE	DIVORCED [11-21-1	891		6% yrs.	Months	Days	Haurs	Min.	
	10a	. USUAL OCCUPATION (Give k during mast of working life, a	kind of work done 10b. I	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPI	ACE (State	ar foreign caur	itry)	12 CITI	ZENOF	VHATC	OUNTRY	
		Housewife	THE RESERVE	Home		Mo.			l u	S.A			
	13.	FATHER'S NAME I SO	1010		14. MOTHER'S		IAME						
		Tsa	McBride		V	erdie	Barns						
	15.	WAS DECEASED EVER IN U. S.		SOCIAL SECURITY NO	INFORMANT			Addr	ess				
		No		lone	Pt.1	s Cha	rt						
		18. CAUSE OF DEATH [Enter	r only one cause per lin	e far (a), (b), and (c).]	1.					INTER	VAL BE	TWEEN	
		PART I. DEATH WAS CAUSED BY: ONSET AND DEAT OF CECH CONSET AND DEAT										DEATH	
		153.0	DUE TO		T								
		Candilians, if any, which		netralo-	ar p								
		gave rise to immediate DUE TO											
		lying cause last. (c)											
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOF PERFORMED YES NO									RMED?		
	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH												
	CERTIF	OR CONTRIBUTING ☐ CAUSI (IF EITHER, NOTIFY MEDICAL	E OF DEATH EXAMINER)										
	CAL	20c. TIME OF INJURY Manth.	, Day, Year 20d IN		LACE OF INJURY			r town)	((County)		(State	
	MEDICAL	Hour a.m.	While at work	(40) While	actory, street, affic	e bldg., etc)						
	_	21. I certify that I atte			, 19,59	7 to 1	1 - 2	Ĺ, 19 <u>5</u> 9,	that I la		the d	lacages	
		alive on 113 2 8	ended the deceds	and that death			44 6 41-	e causes an					
		dive oilE	7 /	عربي, and that dean	ii accorred di	.9	ADDRESS (Stre	e causes and et, city ar tawn,		dale		E SIGNE	
	ACTUAL SIGNATURE 2 1/2 9 0 M.D.												
1		PHYSICIAN'S NAME (Type)											
	220		DATE THEREOF	22c NAME OF CEMETERY C				ON (City, tawn, c			(Stat	ie)	
		Burial 12	2-1,1959	Baptist C	cem.		Three	e Churc	ches,	W.	Va	l .	
	23.	FUNERAL DIRECTOR'S SIGNAT	URE	ADDRES\$		24a. REC*	D BY REGISTRA	R 24b. REGIS	TRAR'S SI	SNATUR			
		Charles L. 6	George Cu	umberland, Md		DATIDE(2 '59	Cat	Lun 8	2000			

TO HOSPITAL OR ATTANGING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dath. Page 4 may be retained by Aspertal or attending physician.

TO FUNERAL DIRECTOX. After this certificate has been signed by the ottending physician and completely filled in by the huteral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. th. Page 4 JOING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 9/5B



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be filed with	M
y the 2 should	×
2017	

hospital ar attending physician.
After this certificate has been signed by the attending physician and completely filled in by ched far use as the burial-transit prmit. Then please remave carbon papers. Pages 1 and 2 arial, crematian, ar removal, and in any event within 72 haurs after death.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR ATTE	may be retained by	TO FUNERAL DIRECT	page 3 shauld be deta	the registrar priar to b
	'S . 5N	•	5 (4)/5	7

		=1206	CERTIFI	CAIE OF	ATE OF DEATH Reg. Di					ist. No.			
	1. PLACE OF DEATH 6. COUNTY Alleg	any		MARYLAI	2. USUAL RES	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) b. COUNTILEGANY							
	Cumber La	ind	ELENGTH OF STAY IN		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland								
	or institution old town	Road		oldtown Road					e. IS RESIDENCE ON A FARM? YES NO LE				
	3. NAME OF First Middle DECEASED First					Lost 4, DATE OF				Month Day Year			
	(Type or print)	(Type or print) Emma J. Moore				DEATH NOVE				mber 28, 1959			
	5 SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIR	TH		9. AGE (In years last birthday)	Months D	FEAR IF UNI			
	F	W	WIDOWE	-		[5, I 8	37I l'	78 m					
	10o. USUAL OCCUPATION during most of world	ON (Give kind of work king life, even if retire	done 10b. I	KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHI	PLACE (State o	or foreign co	unity)			T COUNTRY?		
	Housew:		0	wnhome		ngton		Va.	U	SA			
	13. FATHER'S NAME	Age .				S MAIDEN N							
	Daniel	Ice			Emil	Ly Po	ling						
I	[Yell, no. or unknown]	R IN U. S. ARMED FO (II yes, 'gave wor or dotes of	RCES? [16, !	SOCIAL SECURITY NO.	17. INFORMANT			Addi	'ess				
_	/No			None	Ida B. H	<u> Prake</u>	Oldte	own Roa	<u>d</u>				
		ATH [Enter only one call the call of the c	ouse per lin	e for (o), (b), and (c).]	<u> </u>	-//		6		INTERVAL I	BETWEEN D DEATH		
		IMMEDIATE CAUSE (a)											
	420.1	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7											
		Conditions, if ony, which gove rise to immediate (b) / fighthering									7.6/		
		couse (o), stoting the <u>under</u> DUETO									4"		
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY											
2	\$ 1/ Ce-	THE SIGNAL CONTINUES TO WATER BUT NOT RECEIVED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) IN. WAS AUTO-TY PERFORMED? YES NO.											
		AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER	206. DESC	RIBE HOW INSURY OCCU	JRRED. (Enter nature	of injury in P	art for Port	11 of item 18.)					
	20c TIME OF INJUR	Y Month, Day, Ye	or 20d IN While	JURY OCCURRED 20	e. PLACE OF INJURY factory, street, offi	(Home, form,	20f. (City	or town)	(Cou	inty)	(State)		
	p. m.	19		ol work	1		I	7					
	21. I certify th	at Lattended the	decease	d fram 4/12	<u> 57</u> , 19	, to	11/2	757. 19	"that I la:	st saw the	e deceased		
	alive an	4/52/5	2. 19	, and that de	eath accurred a	IC:I5	M, fram	the causes a	nd an the	date sta	ted above.		
	1.40	ADDRESS (Street, city or lown, state) - 2 DATE SIGNED,											
28	SIGNATURE	SIGNATURE SIGNATURE M.D. C. L.								4/13/6			
	PHYSICIAN'S NAME (Type)	Richard	J. W	illiams I2	2 S. Cer	tre S	t Cur	mberlan	d,Md.		14=1		
	270 BURIAL, CREMATIO	N, 226. DATE THERE	OF	22c NAME OF CEMETER	RY OR CREMATORY		22d. LOCATI	ION (City, town, o	or county)	{Ste	ole)		
	Burlal (Specify)	I2-I-59		Maplewood	Cem.		Elkin	ns.W.Va					
	23 FUNERAL DIRECTOR			ADDRESS			BY REGISTR		TRAR'S SIGN				
James F. Scarpelli Cumberland, Md. DATE DEC 2 '59 Cather I Thank													



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12063

CERTIFICATE OF DEATH

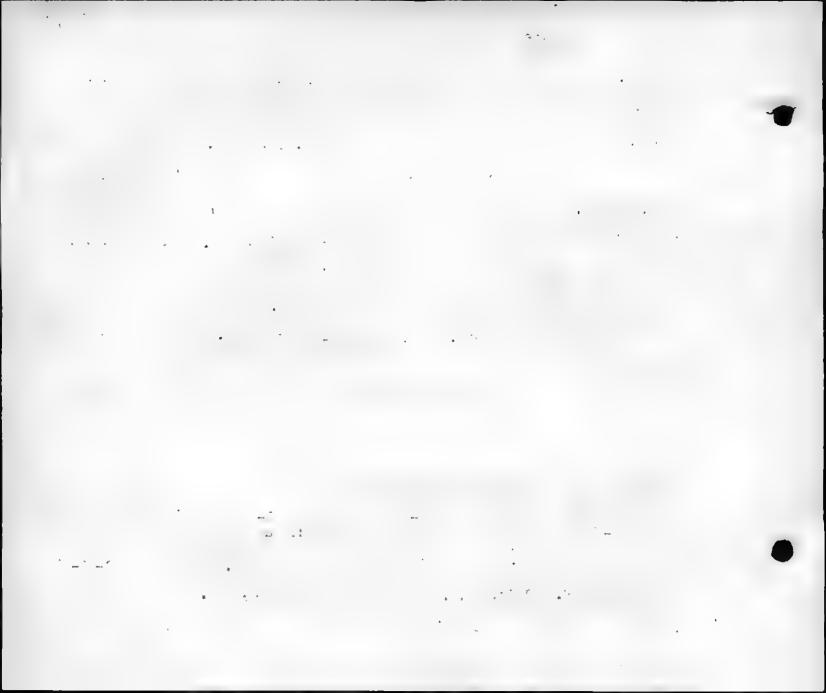
Rea. Dist. No.

- 1			27400	U						Kag. Dist.	. 110.	
1	1 [PLACE OF DEATH				2. USUAL RESI	DENCE (Wh	ere deceased lived	If institution	on: Residence	before odm	ission)
J		Al.I	Legany		MARYLAND	Maryland Allegany						
	-	B CITY OR TOWN RURAL and give in	(If outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	utside corporate lii	nits, write R	URAL ond giv	ve nearest to	wn)
		Cumberlar			20 days	Cu	mberl	and				
ı			TAL (If not in hospital, g	give street		d. STREET					ON	ESIDENCE A FARM?
		Sacred	Heart Hosp:	ital_		194	N. Ke	ntre St.			YES	NO M
	3.	NAME OF	Fi	rst	Middle	Las	ıl	4. DATE	Mon	th	Doy	Year
		DECEASED (Type or print)	Bat	rbara	E.	Mudd		OF DEATH	11/	/	13/	19 59
	5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B DATE OF BIRT	Н	9. AG	E (In years I birthdoy)		YEAR IF UN	
		Female	Whie	WIDOW	ED DIVORCED	5/30/81	l.	75		Months	oys Hou	s Min.
1	10a	. JSUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDL	STRY 11 BIRTHPI	ACE (Stote			12. CITIZ	EN OF WHA	COUNTRY
		OUSEWLF	rking life, even if refired	3 (wnhome (Domes					1	J.S.A.	
1		FATHER'S NAME			WIIIOMC (14. MOTHER'S			TGIIU		0.001110	
4		Will:	Lam Hodel			Ва	rbara	McMann				
-		WAS DECEASED EV	ER IN U. S. ARMED FOR	Language 1		INFORMANT			Add	ress		
		No	the best days and an end of	5	78-26-4720		hart.	·				
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH									BETWEEN	
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	ATT	eriosclerotic	ar diseas			3 yes			
- 1		DUE TO										
-		Conditions, if any, which)										
-		gove rise to	immediate Dus TO									
-		Nutritional anamia									l year	
1	Ž	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY										
	CATION	, , , , , ,			COMMO <u>DI ((O 10 00/111)</u> 00	THE TED TO	, , , , , , , , , , , , , , , , , , ,				PER	FORMED?
	Š	20- ACCIDENT N	AS AINIDERIVING FI	20h DEC	CRIBE HOW INJURY OCCURR	CD (February)	d injugues en l	Part I or Part II of	item 18 1		IE3] NO H
1	CERTIF	OR CONTRIBUTION	'AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER]	200. DES	CKIDE HOW INJURY OCCURR	D. (Enler natore C	or unjory mr	ruii i or ruii ii or	nem ron			
	K	20c TIME OF INJU	RY Month, Doy, Ye	or 20d t	INJURY OCCURRED 20e P	ACE OF INJURY	Home form	, 20f. (City or to	wnl	IC.	ounty)	(State)
-	MEDICAL	Haur a.m.		While	Not while fo	ictory, street, offic	e bldg , etc	.)	,	100	, , ,	(210.0)
١	₹	p. m.	19	of wor	rk ot work	200			-4 -			
			hat I attended the	deceas	sed fram 3 - 1/1			1-13				
ı		alive an 11	- 12	195	2, and that deatl	accurred at	2:15	M, fram the d	auses an	d an the	date stat	ed abave
ı			2 /	0				ADDRESS (Street, o	ity or lawn,	stole)	D	ATE SIGNED
		ACTUAL SIGNATURE	Leep Ro le.	/Jack	em.	M.D. 62	Gran	na St.		1	1-13-	50
١		31GHATOKE			,	.W.D						<i></i> .
		PHYSICIAN'S NAME (Type)	alph W. Bal	llin,	M.D.	Cu	mberl	and, Md		distributed in		
	220	BURIAL, CREMATI	ON, 22b. DATE THEREG	OF	22c. NAME OF CEMETERY C	OR CREMATORY		22d LOCATION				lote)
	P	REMOVALISPOCIFY	" II-I6-		St. Patrick	c Cem		Cumberl	and, l	Maryl	and	
	_	FUNERAL DIRECTO			ADDRESS		246 REC'	D BY REGISTRAR		STRAR'S SIGI		
	7	Iomae T	Scarnell	1 C12	mberland, Md.		DATE N	IOV 1 7 '59	0	lathing &	Harris A	
	- 1/	CHICD L.	DOGETHOTT.	atin VV	and the mount of the contract		1	10. 1 1 00	1	1 Total	r wymunal	

may be retained: the hospital at attending physician.

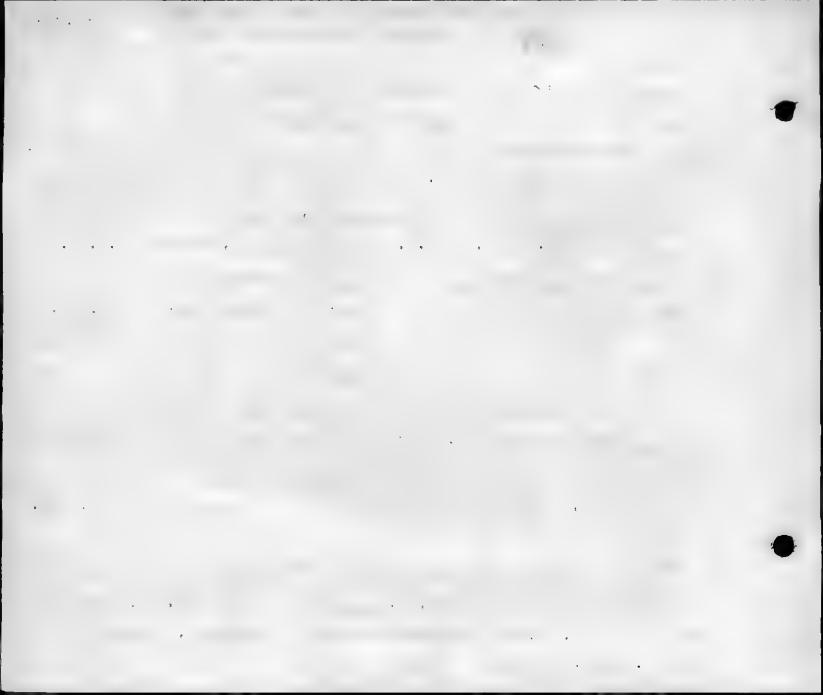
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Charal director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. eath. Page 4 TO HOSPITAL OR AZZENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the record of the record of

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

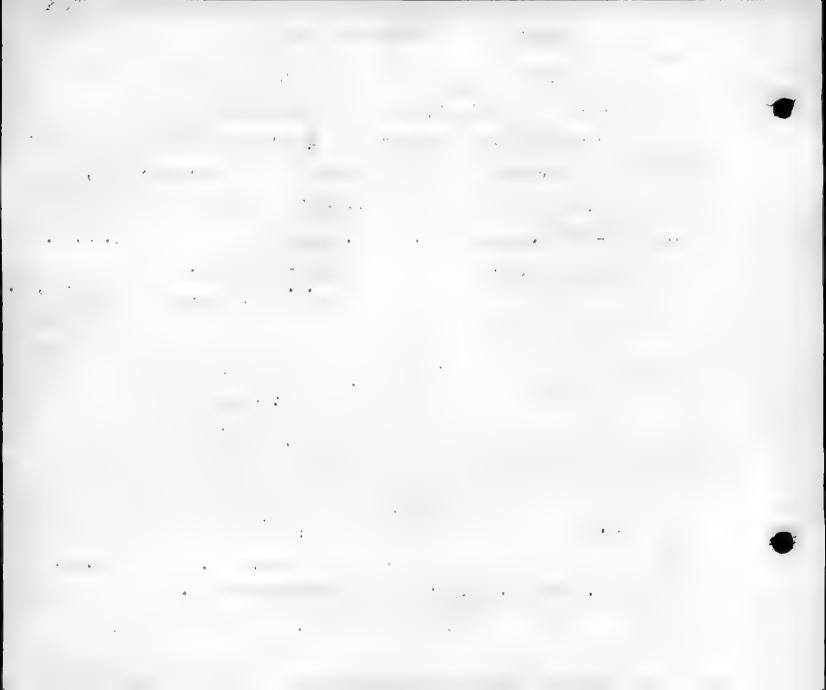


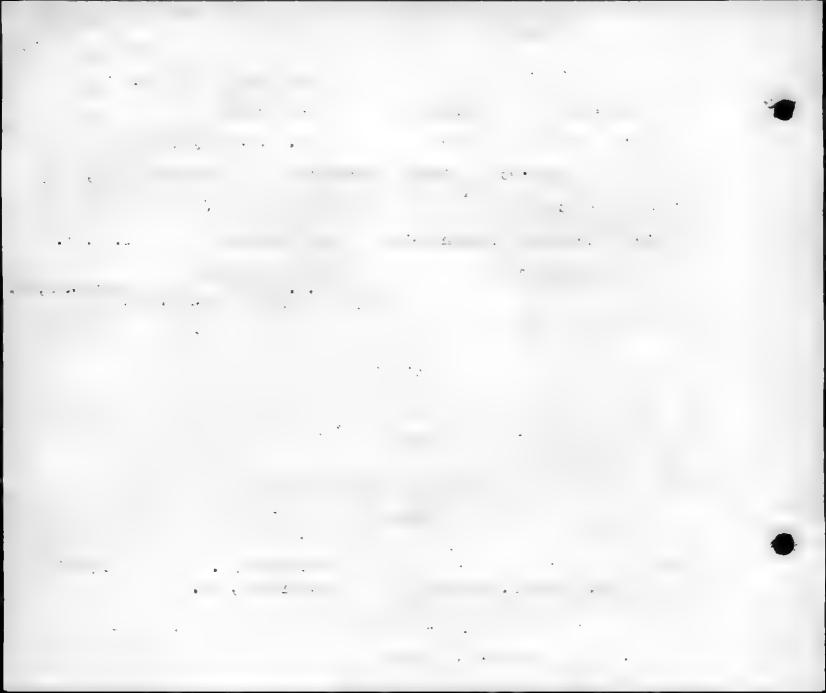
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12067 Rea. Dist. No.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? HO8 Favette Street YES NO IN Year November 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address Cumberland Md. Allegany County Infirmary Records INTERVAL BETWEEN ONSET AND DEATH NOT PLATED TO THE VERM HALD ISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO (County) (State) ___, 19___,that I last saw the deceased and that death accurred at 6:12BM, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED 22d LOCATION (City, fown, or county) (State) Cumberland. 24b. REGISTRAR'S SIGNATURE NOV 1 2 59 James . F. Scarpelli Cumberland, Md. DATE





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requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR AT

	0	***************************************	,	Reg. Dist. No.
1 PLACE OF DEATH o, COUNTY		A STATE	ere deceased lived If institution b. COUNTY	n. Residence before admission)
ALLEGANY	MARYLAND	MARYLAI	10 B. COUNTY	ALLEGANY
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	6 DAYS		utside corporate fimits, write RU	IRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street	1	d. STREET ADDRESS	NN, MD.	e, IS RESIDENCE
MEMORIAL HOSPITAL	audi essi	1 . SIREEL ADDRESS		ON A FARM?
3. NAME OF First DECEASED	Middle	Last	4. DATE Monti	/
(Type or print) LAVEN1		XON	DEATH NOVE	
S. SEX 6 COLOR OR RACE 7. MARK		B. DATE OF BIRTH	lost birthday)	Months Days Hours Min.
FEMALE WHITE WIDOW	70	SEPT. 24,18		12 CITIZEN OF WHAT COUNTRY
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	KIND OF BUSINESS OK INDU	MARYLAI		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
CHRISTOPHER BARTH	Ψ.	MARION W	ISHMYER	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yas, no, or unknown) (If yes, give wor or dates of service)		NFORMANT EMORIAL HOSPIT	Addre	NO, MARYLAND
Tan Calles of arom Fe		ENOTIFIE (103)	THE - OURDENEAR	
1B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).	1 Ex. (c.		ONSET AND DEATH
IMMEDIATE CAUSE (a)	nyourall	of / anne		
Conditions, if ony, which)	Green do	1 Duft to	r - ~2	
gove rise to immediate Dus TO	n.	Ly Organis		
lying couse lost	literiosela,	of the	1 Suscere	
PART 11 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19 WAS AUTOPSY PERFORMEDY
PART II OTHER SIGNIFICANT CONDITIONS OF OLD Cer & 2 al dz	efortron,	6-17-		YES 🗍 🖊O 🗍
ZOG ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D (Enter nature of injury in P	art I or Port II of item 18.)	
		ACE OF INJURY (Hame, form,		(County) (State
Hour o m. 19 While at wor	IAOL MILLS	clary, street, office bldg, etc		
21. I certify that I attended the deceas	ed from / / O)	, 1955, to 7	1955	that I last saw the deceased
alive an	$\subseteq \subseteq$, and that death	· ·	/	d an the date stated above
Jan Da	' /	~ 0'	ADDRESS (Street, city or town, s	stole) DATE SIGNED
SIGNATURE LIVEUSC	un	M.D. 59-37	Lecres St	11/13/13
PHYSICIAN'S DR. WEISMAN		aun 6	es land	Carl
220. BURIAL CREMATION, 226 DATE THEREOF BURIAL (Specify) NOV. 9.1959	22c. NAME OF CEMETERY O		22d LOCATION (City, town, o	
23 FUNERAL DIRECTOR'S SIGNATURE	Mt. Olive		Olatown M BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
	umberland. M			Ing & Frank

Cumberland, Md.

DATE NOV 1 6 '59



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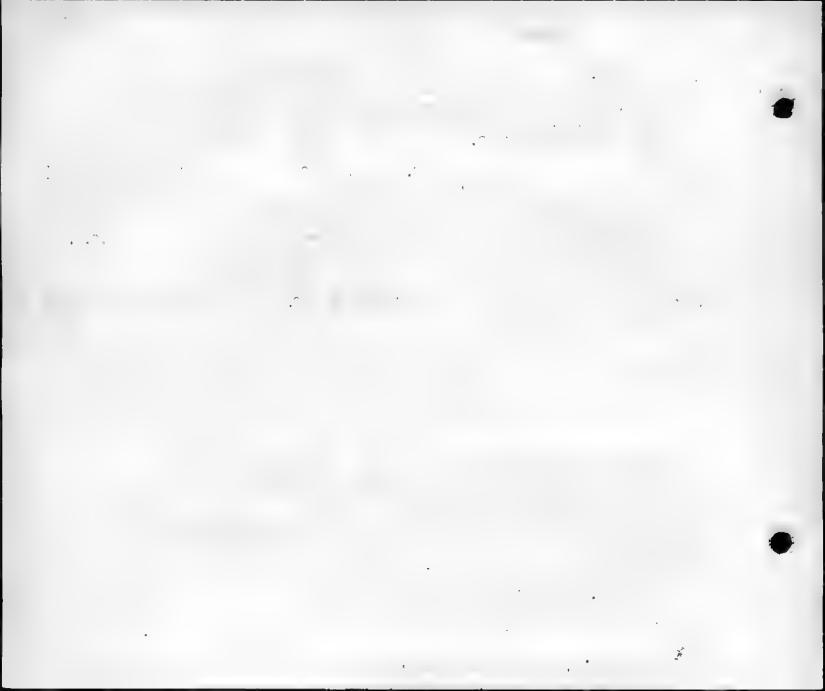
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Ή

12072

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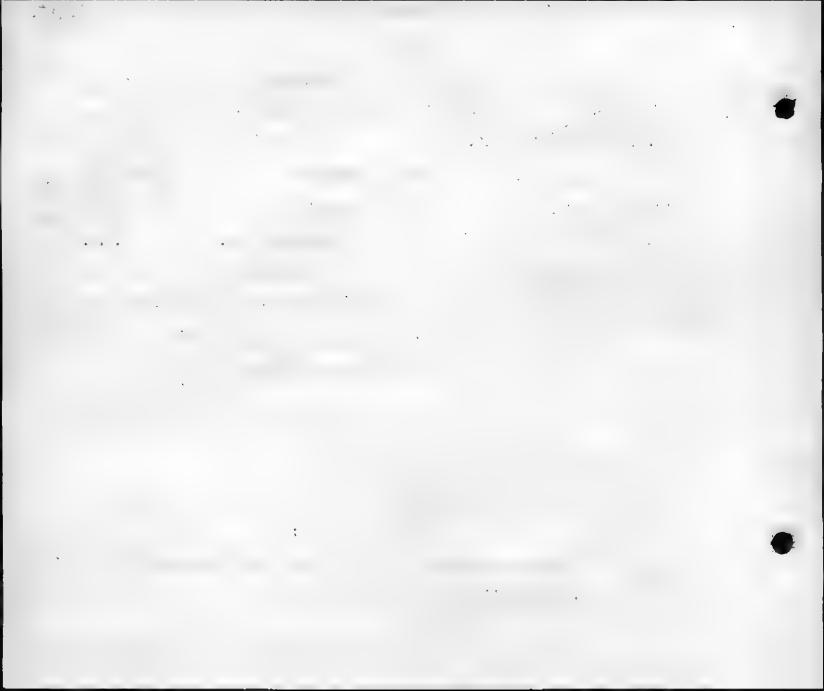
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						Keä	DIST. 140.
	1	PLACE OF DEATH	·		2. USUAL RESIDENCE (Where dece	ased lived. If institution; Res	sidence before admission)
		AL	LEGANY	MARYLAND	MARYLAND		ALLEGANY
	ı	b. CITY OR TOWN (RURAL and give n	If outside corporate limits, v	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporote limits, write RURAL	and give nearest tawn)
/		CUMBER	LAND	2 DAYS	CUMBERLAND	,	
1		OR MEMORON	AL"HOSPITAL"	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
7		MEMOR I		AVES.	939 GAY STI	REET	YES NO 🕅
	3.	NAME OF	First	Middle	Last 4. DAT	E Month	Day Year
		DECEASED (Type or print)	LEE	VERNON	POORBAUGH DEA	TH NOVEMB	ER 25 1959
	5. 9	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DER TYEAR IF UNDER 24 HRS
		MALE	WHITE W	DOWED DIVORCED	JUNE 21 1907	lost birthday) Man	ths Days Hours Min.
	10o	. USUAL OCCUPATI	ON (Give kind af work done	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreig	n country) 12	CITIZEN OF WHAT COUNTRY
	C		king life, even if retired) aming	Textile Mill	CUMBERLAND,	MD.	U.S.A.
		FATHER'S NAME	~~~~	N.L.L.	14. MOTHER'S MAIDEN NAME	10.0	O O O O O O O O O O O O O O O O O O O
		ELI	POORBAUGH		LAURA S	MITH	
		WAS DECEASED EVI	ER IN U. S. ARMED FORCES (If yes, give wor or dates of service		NFORMANT	Address	
ī	1	No	(it yes, give war or adjec or service	214-07-6615	MEMORIAL HOSPITAL	CUMBERLAN	D, MARYLAND
	T		ATH [Enter only one couse	per line far (o), (b), and (c).]	0 . 1/	77 4	INTERVAL BETWEEN
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(In to 1	me tim House	1- Feelen	ONSET AND DEATH
		~/) X	DUE TO		01 2 1	9 11:	
		Canditions, if a	any, which)	(Pindic)	Periose - Mitoul	Mr. Mun	
		gove rise to	immediate (DUE TO	<u> </u>	7716176-4	1100	1
		lying couse last.	the nuge.				ł
	Z	PART II. OT		IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY
3	ATIC						PERFORMED? YES NO P
	TFIC	20a. ACCIDENT W	AS UNDERLYING	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or	Port I: af item 18.)	
	CERTIFICATION	OR CONTRIBUTING	G CAUSE OF DEATH				
		20c. TIME OF INJUI	RY Month, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State
	MEDICAL	Hour o.m.	10	While Not while fa	ctory, street, office bldg., etc.)		, , , , , , , , , , , , , , , , , , , ,
	≥	p. m.			200	1	
			hat I attended the de		7.200	, 19_2_/that	I last saw the deceased
		alive an	my 5	19.3.7., and that gleath	occurred at 7:20PM, fro		the date stated above
		ACTUAL A	RIE!	histo	AUDRES	(Street, city or toyrn, state)	116 11/SAR
		SIGNATURE	M John Marie	sury Mil	MD / 3 3 VG (LEY	, censulau	11 11/2/
1		PHYSICIAN'S	00 1414	21015	•	(
		NAME (Type)	DR. HIMMELY	VK I GHI			
		BURIAL, CREMATIC REMOVAL (Specify	1	22c. NAME OF CEMETERY C		CATION (City, town, or cour	nty) (Stote)
		urial	11-30-59	Everett Ce		erett Pa.	
	23.	FUNERAL DIRECTOR James	s signature F. Scarpel.	li Cumberland,	Viary land	GISTRAR 24b. REGISTRAR	S SIGNATURE
		0 or me a	r. Dear her	La Junioer Land	DATE	150 Oction	9 Hansa

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page 4 may be retained by the attending physician.

TO FUNERAL DIRECTOX: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 7½ haurs after death. oth. Page 4 NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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ires that the deoth certificate be e		ned by the attending physician an	ermit. Then please remave carbon	n any event within 72 Illurs ofter o
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be e	may be retained the hospital ar attending physic an	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an	page 3 shauld be detached far use as the burial-transit permit. Then please remave corbar	the registrar prior to burial, cremation, or removal, and in any event within 72 Imurs offer a

		12071		CERTIFICA	AIE OF L	EAIN			Reg. Dis	it. No		
1,	PLACE OF DEATH O. COUNTY ALLEGAN	ſ		MARYLAND		PENCE (Where d		, If institute b. COUNTY	A L L E			มอก)
	RURAL ond give neor	rest town)	, write	c. LENGTH OF STAY IN 16 2 HOURS	JI	OWN (IF outside CUMBERLA		nits, write Ri	JRAL ond g	give ned	rest tow	n)
	OR INSTITUTION MEMORIAL	L (If not in hospital, a)	TATE OF	CK" MEMORIAL AVES.	d. STREET A		AM STR	EET			ON A	SIDENCE A FARM? NO X
3	NAME OF DECEASED (Type or print)	First AGNE		Middle C •	PRATT	4, (DATE OF DEATH	NOVE!		2	У	Year 1959
5.	FEMALE		7. MARRI WIDOWE	ED NEVER MARRIED D	B. DATE OF BIRTI		9. AG	E (In yeors birthdoy) yrs	IF UNDER Months	1 YEAR Doys	IF UND Hours	ER 24 HR Min.
	Clerk &	g life, even if retired)		rocery Stor	e CUM	BERLAND,	MARYL				A .	COUNTRY
13	JACOB	MINKE				MAIDEN NAME		NSON				
15	WAS DECEASED EVER		vine)		NFORMANT MEMORIAL			Addr		ARYL	.A ND	
	PART I. DEATH	Enter only one county was CAUSED BY, MMEDIATE CAUSE (o)		e for (o), (b), and (c).] erebral emmo:	rhage					ONSH AND DEATH		ETWEEN DEATH
	Conditions, if ony, which to Generalized arteriosclerosis 10 yr.								Þ			
	gove rise to impose to couse (a), stoling the lying couse lost.			Hypertension						2	yr.	
CERTIFICATION	PART II. OTHE		TIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL I	DISEASE CON	IDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPS DRMED?
		UNDERLYING D CAUSE OF DEATH EDICAL EXAM/NER)	206. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture o	f injury in Port 1	or Port II of	item 18.)				
MEDICAL	20c TIME OF INJURY Hour o m. p m.	Month, Doy, Year	20d. IN While at work	Not while fo	ACE OF INJURY (ctory, street, office 1016	bldg., etc)			(0	County)		(Stot
	ACTUAL SIGNATURE	t lattended the ember 2,	decease), 195	ed from march 1, 9, and that death	M.D. 140	6:00Am, ADDI	Street, of	causes an	slote)		state:	
20		DR. JAMES H				umberla						
L	Burial, CREMATION REMOVAL (Specify) Burial	11-5-19		St. Patric		netery		erla	nd, N	Æd.	(Sto	te]
23	James F.		i, (Cumberland,	Md.	DATE	REGISTRAR 6 '59		ithan's sic			

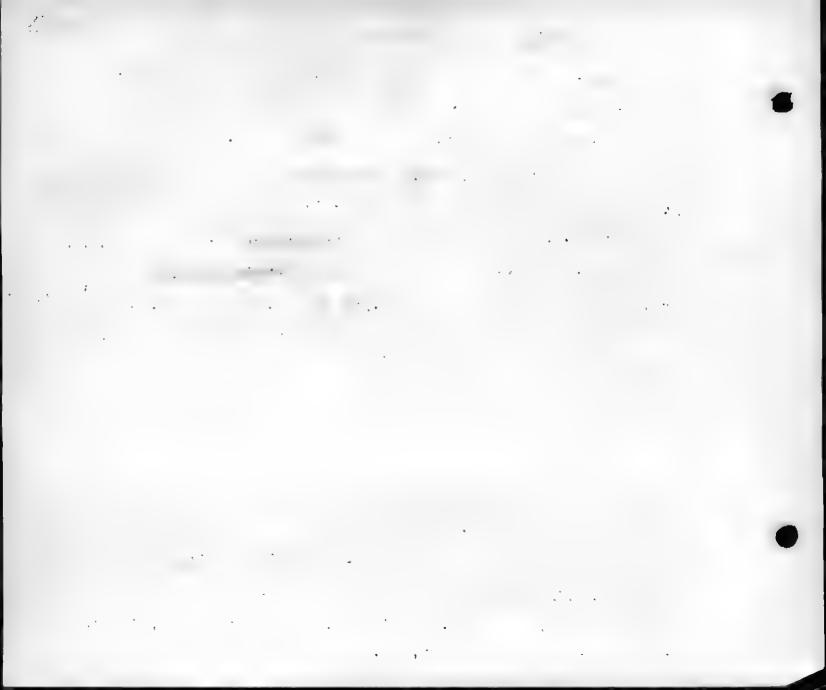


12074

12072	CEKTIFICA	IE OF DEATH		Reg. Dist.	No.
1. PLACE OF DEATH O. COUNTY ATTERNAN Y	MARYLAND	2 USUAL RESIDENCE (Whee		If institution Residence	before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	tength of stay in 16	c. CITY OR TOWN (IF ou		its, write RURAL ond give	negrest town)
d NAME OF HOSP TAL (If not in haspital, give street of OR INSTITUTION	address)	/d. STREET ADDRESS 309 PACA			e. IS RESIDENCE ON A FARM? YES TO NOWS
3. NAME OF First	Middle	Last	4. DATE	Month	Day Year
(Type or print) CHARLES		Rev.nard	OF DEATH	11.	10 1959
		DATE OF BIRTH	lost l	1 1 1 1	YEAR IF UNDER 24 HRS
MATE WHITE WIDOWS		Nov. 9, 190	56	yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)				IZ.CIIIZEI	N OF WHAT COUNTRY?
Restaurant Prop. K	estaurant	Edinburg		U	I.S.A.
Nathan C. Reynard				Lais	
	SOCIAL SECURITY NO. IN	FORMANT		Address Cumb	erland M
No.	Mr.	Charles E.	Reynar	d Jr. 309	Paca St.
1B. CAUSE OF DEATH [Enter only one cause per lin	or (o), (b), and (c).	000	, ,		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Moran	month	سيسا		10chys
4-20.1 DUE TO					
Conditions, if ony, which gove rise to immediate DUE TO	<i>U</i>				
lying couse lost.					
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE COND	DITION GIVEN IN PART 1	(a) 19 WAS AUTOPSY PERFORMED? YES NO
20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in P	ort I or Port II of its	em 1B.)	
Hour o.m. While	Not while fect	CE OF INJURY (Home, form, ory, street, affice bldg., etc.)		n) (Cou	inty) (State)
		20 CC-1 20th	· / /	201 9	
21. I certify that I attended the decease	ed from	r v		., 19 _ ,that I lost ouses and on the a	
Gille Oil - 4 - 4 - 4 - 4 - 1	1 du moi deality		ADDRESS (Street, city		DATE SIGNED
SIGNATURE 13. M. A.	Riveller N	1.0. 43 me	erefol	unferland)	enf 11/1/
PHYSICIAN'S NAME (Type) Dr. B.M. Schindl	er	13-6	reen-Stre	et	
226 BURIAL, CREMAT ON, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY OR			Lity, town, ar county)	(Stote)
Burial 11/13/59 23. FUNERAL DIRECTOR'S SIGNATURE	St. Luke's			land, Mar	¥
	berland, Md.		V 1 6 '59	Carthua & to	

TO HOSPITAL OR ATTAING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer right. Poge 4 may be retained by cospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.



FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necress, please execute the certification withing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral direction of a should be forwed and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for jet if lies. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Slove Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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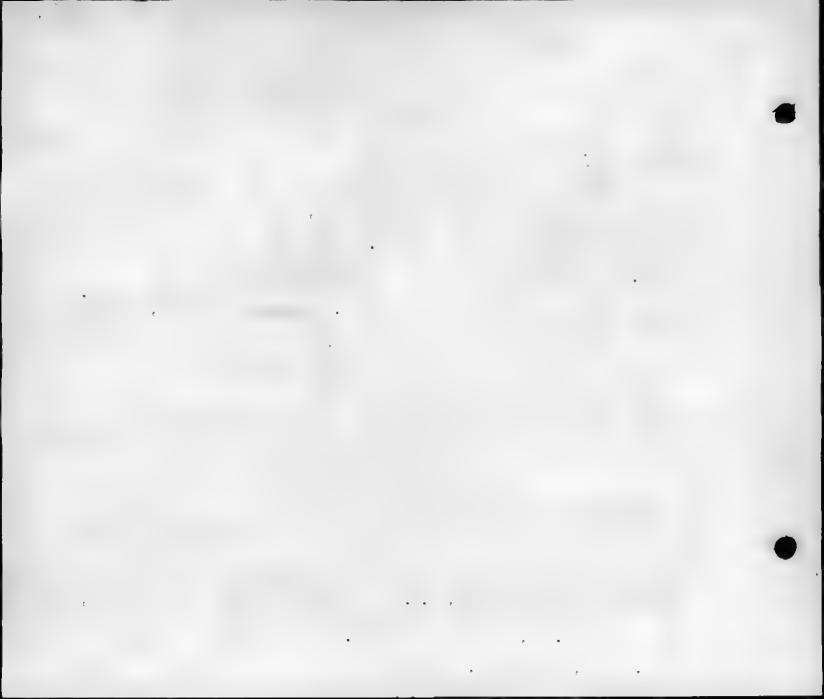
MADVIAND STATE DEPARTMENT OF HEALTH_RAITIMODE 12

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MARIEMIND SI	WIE DELWEITER	AL OL HEALTH	-DALIINORE,	10	140
120 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Reg. Dis	

I. PLACE OF DEATH C. COUNTY Allegany MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before odm ssion) o. STATE Maryland b. COUNTY Allegany						
b. CITY OR TOWN III activide corporate limits, write RURAL c LENGTH OF STAY IN 1b and give regrest found	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Cumberland 8 hours	× La Vale						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS						
Memorial Hospital	53 La Vale Blvd						
3. NAME OF First Middle	Last 4. DATE Month Day Year						
	HARDSON DEATH November 12 19 59						
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (in years IF UNDER 1YEAR IF UNDER 24 HRS						
Male White WIDOWED DIVORCED J	June 17,1922 37 yrs. Months Days Places Mill.						
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if refired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Rroduction anager National Jet Co.	Frestburg, Maryland USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
John V. Richardson	Lula Michael						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. IN	FORMANT 53 km Vale Blvd.						
	la E. Richardson La Vale, Maryland						
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: Coronary Occlusion 8 hrs							
420.1 DUETO							
Conditions, if ony, which) (b) Due to Cor	onary Scleresis						
gove rise to immediate couse (o), stoting the underlying OUE TO							
cause lost, (c) Hypertensi	lon						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?						
[5]	YES NO NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N E 200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D C CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18)						
	CE OF INJURY (Home, form, 120f. (City or town) (County) (Stole)						
	CE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) bry, street, office bldg., etc.)						
21. I certify that I took charge of the remains described abo	ve, held an Autopsy . Inspection . Inquiry . and in my						
opinion death resulted from: Natural causes A Accident	, Suicide , Homicide , Undetermined monner						
Q in Vit							
SIGNATURE SURVEYET SKNArelie	_M.D CHIEF MEDICAL EXAMINER []						
Parameters.	ASSISTANT MEDICAL EXAMINER						
EXAMINER'S NAME (Type) Benedict Skitarelic, M.D.	DEPUTY MEDICAL EXAMINER November 12, 1959						
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)							
	lem. Park Frostburg, Maryland						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
John J. Hafer, Cumberland, Maryland	DATE NOV 1 8 '59 Cather & Frank						

VS. A15ME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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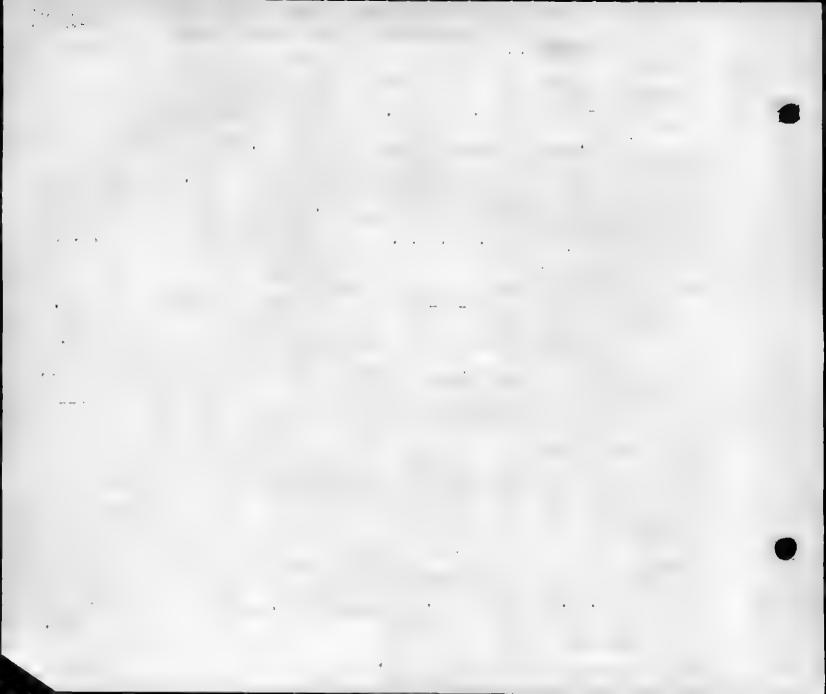
Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY Marylandb. COUNTY o. STATE Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural -- Westernport, Westernport Vrs. Rural -d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) , IS RESIDENCE d. STREET ADDRESS ON A FARM? mile E. Westernport Mile E. YES NO TO Westernport NAME OF Middle DATE Day Year DECEASED Robert Clifton Riley 9 (Type or print) DEATH 24 5 Nov. 19 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SFX 9. AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS. Months Hours 10.1910 Male White Oct. WIDOWED [DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Car Inspector W. Md. R.R. West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lavena Chanev Albent Rilev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address faworkau 10 Mary Riley Westernport. Md. 705-10-8391 No 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Myocardial Infarction, left: 1 Yr. 420.1 **DUE TO** Coronary Sclerosis with Thrombosis recent. Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying Arteriosclerosis couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES X NO [200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while at work of work D. m. 21. I certify that I taak charge of the remains described above, held an Autopsy 📜 Inspection XX. Inquiry XI, and find that death resulted fram: Natural causes KI, Accident I, Suicide II, Homicide II, Undetermined cause III DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 1959 NAME (Type) DEPUTY MEDICAL EXAMINER November 0. McLane 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Westernport /59 Philos **ADDRESS** FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE NOV 25 '59 arthur S. Thous livnice Westernport. Md. DATE

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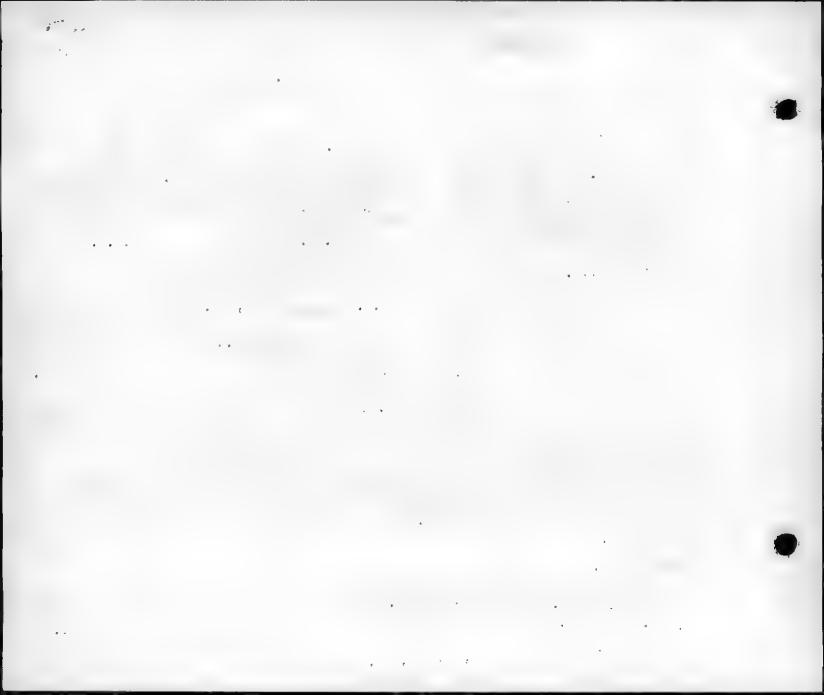
cute the cert forwarded to 5 FUNERAL I



		121	119	CERTIF	-ICA	ATE OF D	EATH	1		Reg. D	ist. No	la .	
	LACE OF DEATH	gany		MARYL	KHO.	2. USUAL RESIDE	Md.	nere deceased l	ived. If institut b. COUNTY		nce befo		ion)
b	CITY OR TOWN (RURAL and give in LUKE	If outside corporate lin earest lown)	nits, write	c. LENGTH OF STAY IN	N 1b	c. CITY OR T	OWN (If o	outside corporo	te limits, write l	RURAL ond	give ne	arest town	1]
d	NAME OF HOSPI OR INSTITUTION	AL (If not in hospitol, 523 Pratt	give street	oddress)		d STREET A							FARM?
D	AME OF ECEASED Type or print)	Geraldine	irst	Middle Druculla		losinson		4. DATE OF DEATH	Nov.	nth	Do	,	Yeer 1959
5. se F'e	male	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED		B DATE OF BIRTH	, '191	,	AGE (In years lost birthday) 9 % yrs	Months Months	R 1 YEAR Doys	Hours	ER 24 HRS Min
Oo.	USUAL OCCUPATION of work House Wii	ON (Give kind of work king life, even if retire (C)	done 10b	. KIND OF BUSINESS OR Own Home	INDUS	W. Va	,	or foreign cou	ntry)		S.A.	FWHATC	OUNTRY
3. F	ATHER'S NAME Harley I	larvey		,		14. MOTHER'S IVY W		IAME					
		R IN U. S. ARMED FO (If yet give wor or dates of		SOCIAL SECURITY NO	1	R. Robin	son-1	uke. M		dress			
		ATH [Enter only one of ATH WAS CAUSED BY IMMEDIATE CAUSE DUE T	0)	congest	ive	heart	Fai	lure.,			INT	ERVAL BE SET AND	DEATH
CATION	Conditions, if a gove rise to i couse (a), stating lying couse lost.	the <u>under-</u>	c)	Apteriose	l er	osis	THE TERMI	INAL DISEASE (CONDITION GI	VEN IN PAI		To 19 WAS PERFO	AUTOPSY PRMED? NO
ַרַ בַּ	(IF EITHER, NOTIFY 20c TIME OF INJUI Hour o. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; WY Month, Doy, Y	ear 20d. While	Not while	70e. PL/	ACE OF INJURY II	lome, form	ı, 20f. (Cily a			(County)		(Stote)
	ACTUAL SIGNATURE	ov Ist	, 19	sed fram July 59, and that of	death	occurred at_	_Ioa	M, from th	e causes ar et, city or lown,	nd an th		e stated	
	BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THERE	OF	22c. NAME OF CEMET		R CREMATORY			ON (City, Iown,			(Stot	
	urial uneral director	S SIGNATURE) [Philos ADDRESS Jesternport,	Md		24g, REC			istrar's s Intima			•

ol director, be filed with th. Page 4 TO HOSPITAL OR AT DING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter may be retained by hospital ar ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the poge 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, or removal, and in ony event within 72 hours ofter death.



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12074 **CERTIFICATE OF DEATH**

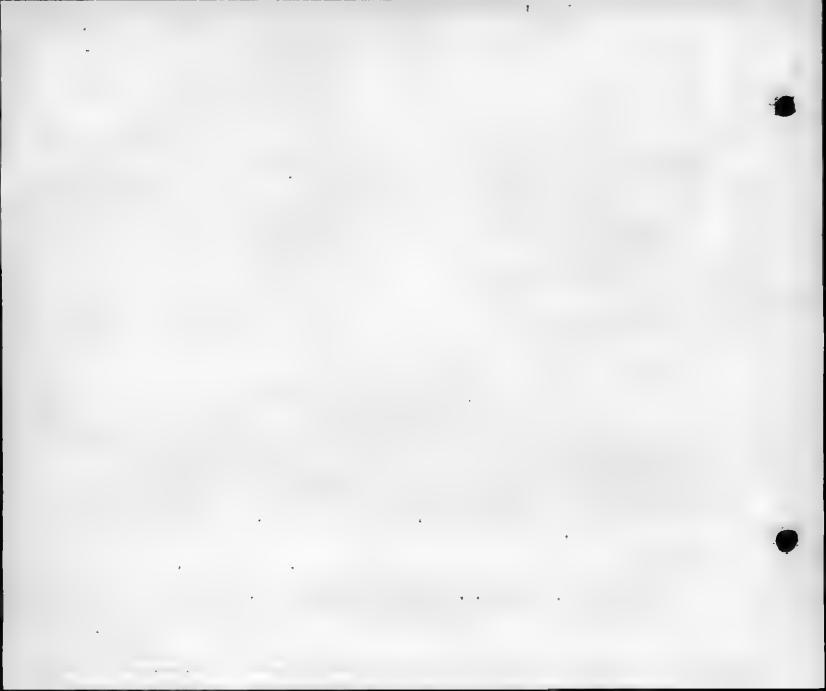
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_	DI-A	Mar			

	key. Dist.	140.
1. PLACE OF DEATH o. COUNTY # 1 1 0 0 0 0 11	2 USUAL RESIDENCE (Where deceased lived if institution: Residence o. STATE Maryland b. COUNTY Alle	before admission)
Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 18	<u> </u>	
RURAL and give nearest town)		e neuresi town;
Cumberland 56 yrs. d. NAME OF HOSPITAL (if not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
322 Cumberland Street	322 Cumberland Street	ON A FARM? YES NO 🖾
3. NAME OF First Middle DECEASED	Rohman, Jr. DATE Month NOV.	Doy Year 2 19 59
(Type or print) Martin 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	April 4,1903 56 yrs. Months D	oys Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)	DUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZ	EN OF WHAT COUNTRY
Shipling Clerk Brewing Co.	Cumberland, Md.	USA
R FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Martin Rohman, Sr.	Barbara Myers	
(Yes, no or unknown) a fift was cave way or dates of service)	, INFORMANT Address	
no	Mrs. Martin Rohman, Cumberland	1, Md.
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (c) Ventricular I	Fibrillation	5 min
420,0 DUE TO		
Conditions, if ony, which) (b) Myocardial In	nfarction	3 days
gove rise to immediate couse (a), stating the under-		
	otic Heart Disease	5 years
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(6) 19 WAS AUTOFSY PERFORMED? YES NO D
	RED. (Enter nature of injury in Port I or Port II of item 18.)	
	PLACE OF INJURY (Home, form, 20f. (City or lown) (Con	unty) (Stole)
Hour o. m. While Not while	factory, street, office bldg., etc.)	
21. I certify that I attended the deceased fram Nov. 2	. 159 to Nov. 2 1959 that Lie	st saw the deceases
	th accurred at $6:30$ M, from the causes and an the	
φ , φ , φ	ADDRESS (Street, city or town, stote)	PATE SIGNED
ACTUAL SIGNATURE OUT & Slucks'	M.D. 126 N. Smallwood St.	
PHYSICIAN'S NAME (Type) Louis M. Glick, M.D.	Cumberland, Maryland	
Purial, Cremation, 12b. Date thereof 12c. Name of Cemetery Burial 11-5-1959 SS.Peter	or CREMATORY 22d. LOCATION (City. lown, or county) & Paul Cemetery Cumberland, 1	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
James E Scarrelli Cumberland M		

TO FUNERAL DIRECT. After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, or removal, and in ony event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VS A15 (4) 15M 10/57





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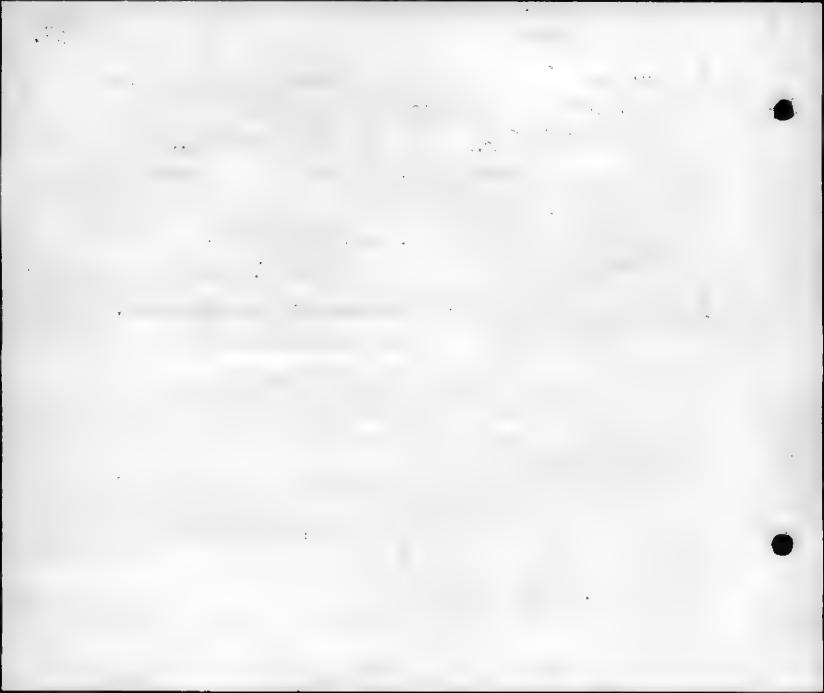
CERTIFICATE OF DEATH

Pag Dist No

	Reg. Dist. 110.
PLACE OF DEATH a. COUNTY	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o STATE b COUNTY
ALLEGANY	MARYLAND ALLEGANY
b. CITY OR TOWN (If autside corporate limits, write RURAL pod give nearest form)	
CUMBERLAND 9 DAYS	C CUMBERLAND
d. NAME OF HOSPITAL (If not in hospital, give street poddress) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
MEMORIAL & WARWICK AVES.	700 LAFAYETTE AVE., YES □ NO [X
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) MARY ### Agnes	RUBY DEATH NOVEMBER 25 1959
SEX 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED	
FEMALE WHITE WIDOWED DIVORCED	JULY 20 1895 G4 yrs. Months Doys Hours Min.
g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR II	
Betired Cook Railroad Y.	A.C.A. PENNA McKeesport USA
Retired Cook Halloud 1.0	14. MOTHER'S MAIDEN NAME
MICHAEL BEAN	
	MARGARET E. MC CORMICK
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [If yes, give were or deles of service)	INFORMANT Address
No 214-05-661	MEMORIAL HOSPITAL, CUMBERLAND, MO.
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY COMPANY	cel Vasular allerland 24 hour
Market Choice (a)	of the control of the control
444	010/2/2 ()
Conditions, if any, which) (b) Cunonic and	De stroke organismes
couse (o), stoting the under-	661100
lying couse lost (c) No DP) Recherch	Unterest length (Chicken and the cont
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Die Seite Mil	YES NO !
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCU	URRED (Enter nature of injury in Port I or Port II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 200	e. PLACE OF INJURY (Home, form 20f. (City or town) (County) (State
Hour o.m. While Not while	Foctory, street, office bldg., etc.)
p. m. 19 at work at wark	
21. I certify that I attended the deceased from	1957, to May 1957, that I last sow the decease
olive on Aur 25, 19 57, and that, de	eoth occurred of 1:30 PM, from the causes and on the dote stated above
041/ 1/1/	ADDRESS (Street, city or town stote), DATE SIGNE
SIGNATURE () describing his	MD 133 Wa Clar Clank Sand Well 11/25/1
	The state of the s
PHYSICIAN'S G. OVERTON HIMMELWRIGHT	
20. BUR AL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETER	RY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOYAL (Specify)	
BUTIAL II-30-59 HILLCT GST 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

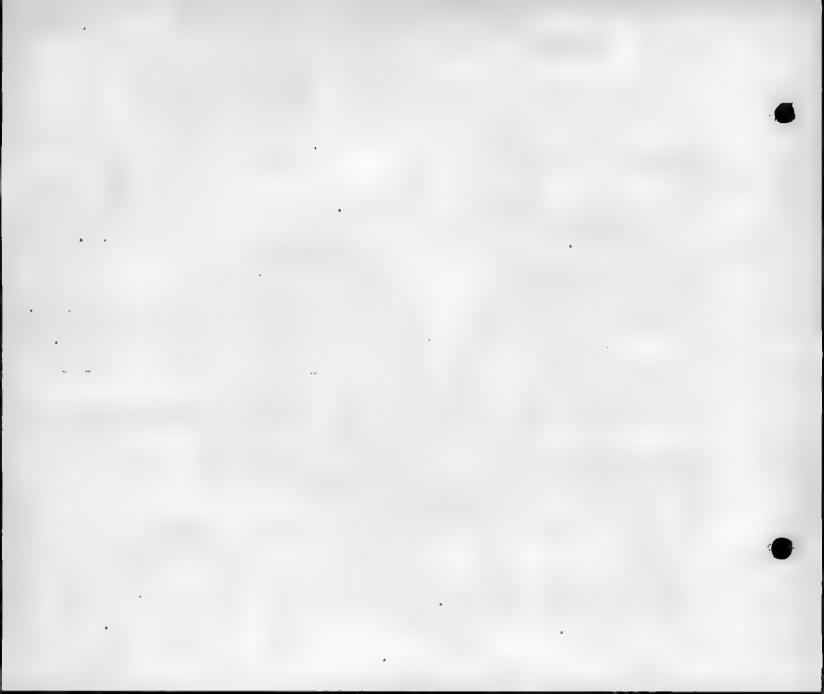
TO HOSPITAL OR ATTAVOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after faith. Page 4 may be retained by hospital or attending physician.

TO FUNERAL DIRECTOX: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.



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Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY o. STATE 6. COUNTY Allegany MARYLAND Md. Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Westernport Yrs Westernport d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO S 107 OakView Drive 107 Oak View Drive NAME OF 4. DATE Middle Lost Month Day Yeor DECEASED Tarli Allen Seclman DEATH (Type or print) 1959 Nov. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Days Hours White Female WIDOWED | DIVORCED | Dec. 17, 1884 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
House Wife West Virginia U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George W. Raines Arnold 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address mo John Seckman-Westernport. Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) rome hypocorditis with condice Decemenation DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO rmo 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Day. (County) factory, street, affice bldg., etc.) WEDI O. III While Not while of work of work to NOV, 19. 14. that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at 2145 A.M. from the causes and an the date stated above. alive an DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Md. Philos Westernnart 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR Westernport. Md. willing & traves NOV 9

guq Pou 5 Car physicio remave 72 attending death : ease ā ģ permit. te has been signed burial-transit permi physician offending certificate FUNERAL DIRECTOR page 3 should be de prior registrar page 0

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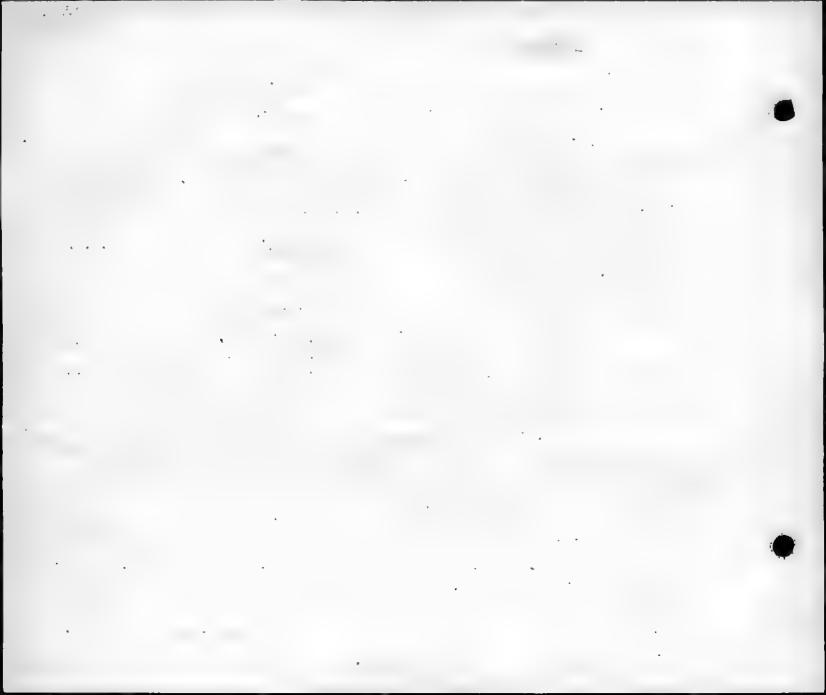
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VS ATS (4) 15M 9/58



Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY Allegany Maryland b. COUNTY Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) Cumberland 7yrs.4mo.15da Rural - Frostburg d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? R.F.D.# Sylvan Retreat YES NO A 3. NAME OF Middle 4. DATE First Day DECEASED OF DEATH Shuckhart November 59 May Anna (Type or print) 10 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 3 8 DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Female White Months Days Hours WIDOWED [7] DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY U.S.A. Pennsylvania Housework Own home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Shuckhart Ellen Porter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Barberton. Ohio. NO NO Mrs. Charles Lessiter, 1190 South Avenue None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 4406 X DUE TO Conditions, if ony, which gove rise to immediate cause (a), staling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or fown) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while p. m. of work of work 220 1952 to NEV. 10 H. 1959, that I lost saw the deceased 21. I certify that I attended the deceased from and that death occurred at 2.32.4.M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 49 Greene St.. Cumberland, Md. James E. McLean. M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, ar county) (Stote) REMOVAL (Specify) burial rostburg emoria] Park. **FUNERAL DIRECTOR'S SIGNATURE** Funeral 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

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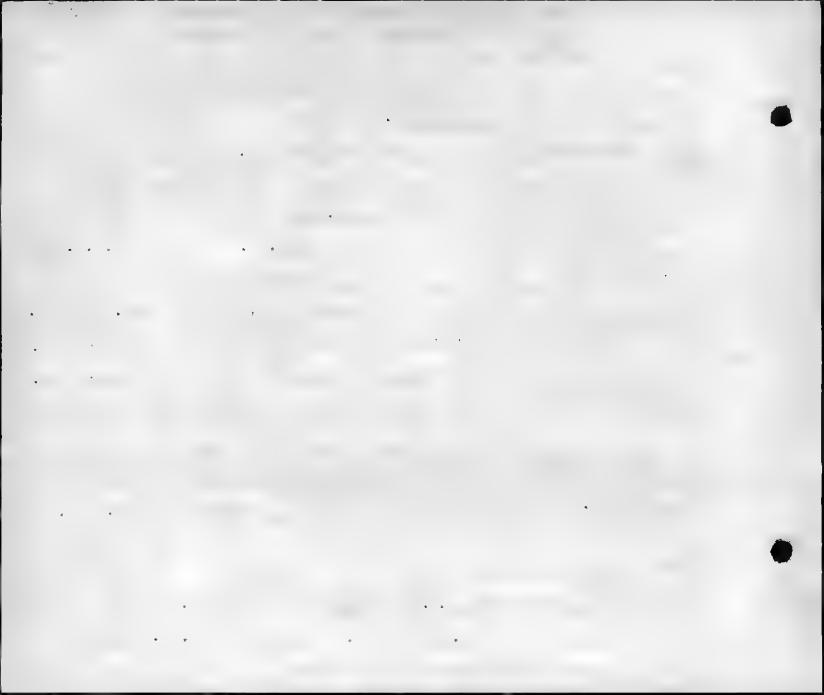
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Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO IX Year IF UNDER TYEAR IF UNDER 74 HRS. 12. CITIZEN OF WHAT COUNTRY? Nicola Spano. 71 Maple Ave Keyser W. Va INTERVAL BETWEEN ONSET AND DEATH 1+05 Hra 1.05 Hrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? NO A (County) (Stote) and find that Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | DEPUTY MEDICAL EXAMINER Benedict Skitarelic, M.D. NAME (Type) Nov. 18, 1959 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burie Keyser W. Va 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE aring S. Hugas DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 12097 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Allegany MARYLAND Md. Allegeny b. CITY OR TOWN (If guiside corporate limits, write c. LENGTH OF STAY IN 16 c. C!TY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Westernport Westernport d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 011 OR INSTITUTION Kooken Nursing Home Lain NAME OF Middle Last 4. DATE Month DECEASED **OF** DEATH Lucinda (Type or print) True Nov. 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Doys Female White DIVORCED | WIDOWED X yrs. 10a. USUA, OCCUPATION (Give kind of wark done of during mast of warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? ouse-wife West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hanlin Mary Murphy IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address no Mrs. Frank Saleskev-Westernport. 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, Day. Year 20d. INJURY OCCURRED 20f, (City or Jown)

20c. TIME OF INJURY o m of work 21. I certify that I attended the deceased from October 23, 1954, to

Not while at wark

factory, street, office bldg, etc.)

(Caunty) (State)

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e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO V

Day

ON A FARM?

YES NO 🔲

Year

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and that death occurred at 5.40 p.M. from the causes and on the date stated above. ACTUAL

ADDRESS (Street, city or lawn, state) 11/ Ashfield

PHYSICIAN'S NAME (Type)

22a. BUR.AL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Nethken Hill Cem

22d LOCATION (City, town, or county) Elkgardeb

24b. REGISTRAR'S SIGNATURE

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

SIGNATURE

ADDRESS Westernport, Md. 24a. REC'D BY REGISTRAR NOV 1 2 '59 DATE

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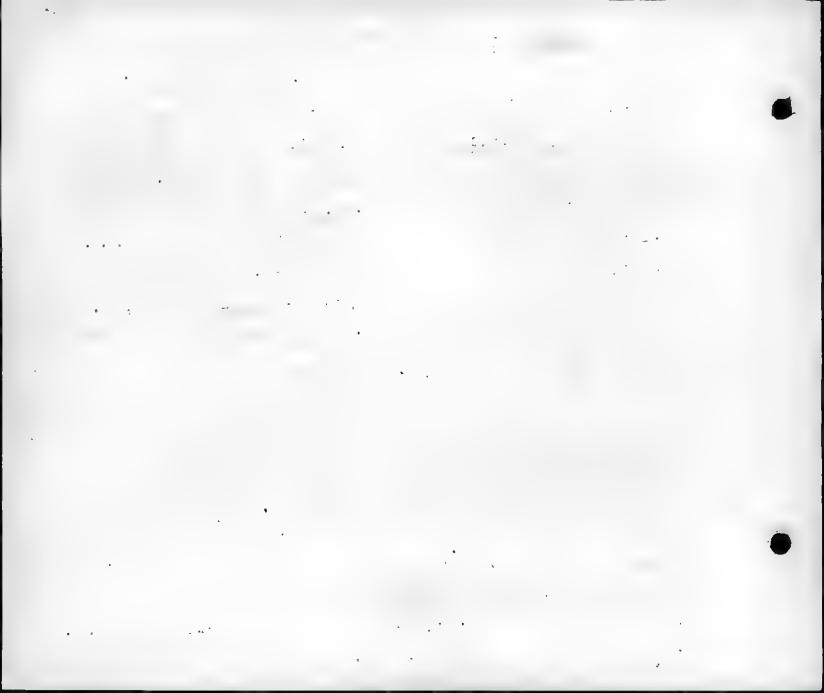
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

24b. REGISTRAR'S SIGNATURE

PATE DEC 3 '59

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Reg. Dist. No.

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Day

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12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 1

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U-S-A

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e. IS RESIDENCE ON A FARM?

YES NO TX

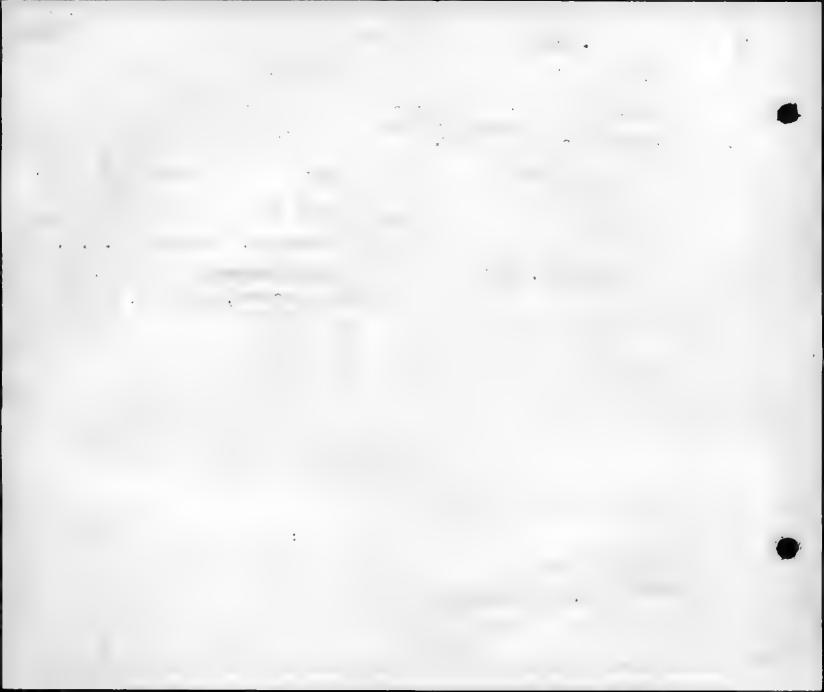
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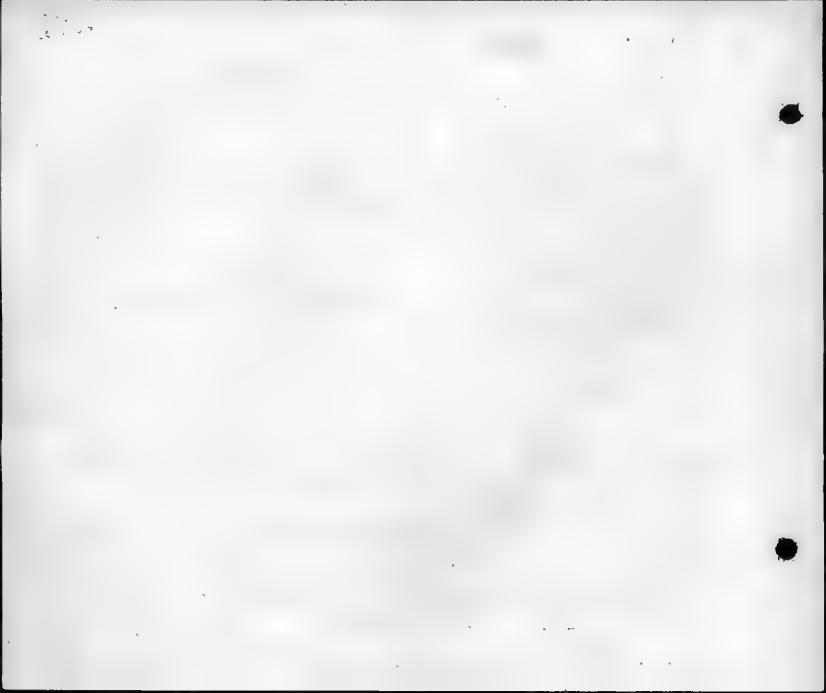
CERTIFICATE OF DEATH

L		1403					Reg. Dist	. No.		
	PLACE OF DEATH o. COUNTY	ATTEMANTS	414 RWI 41	I a STATE		eased lived. If institut				
_	t City on Tollow	ALLEGANY	MARYLAN	#	MARYLA	עע		ALLEGANY		
	RURAL ond give n	f autside corporate limits, wi earest town)		c. CITY OR		corporate limits, write l	RURAL ond gi	ve nearest lown)		
		STBURG [AL (If not in haspital, give st	4 DAYS	X	ECKHAR	<u> </u>		(S. DECIDENACE		
	OR INSTITUTION	ERS HOSPITA		d. STREET	IDDRESS			e, IS RESIDENCE ON A FARM? YES NOTE		
	NAME OF DECEASED (Type or print)	MARY	(REPHANN)	WOLF	06	ATH NOVE		14, 19 59		
_	sex FEMALE	7. TO TO CO 523	MARRIED NEVER MARRIED [OWED DIVORCED	1 1 1 1 1 1		7 P AGE (In years last buchday) O 2 yrs	Manths [YEAR IF UNDER 24 HRS Days Haurs Min.		
Oc	HOUSEWOI	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR IN		ARYLAND	gn country)		EN OF WHAT COUNTRY		
3.	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME					
	HENR	Y REPHANN		M	ARY LID	INGER				
IS. {Ye	WAS DECEASED EVE	R IN U. S ARMED FORCES? (If yes, gave wor or dates of service)		INFORMANT	THANK		dress			
			*	ARVEL WO	LFORD,	ECKHAR	r, MD.			
		ITH (Enter only one couse p ITH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (o), (b), and (c).]	of Fa	queroa	۵		INTERVAL BETWEEN ONSET AND DEATH		
	157x	DUE TO		1						
	Conditions, if o	mmediate								
	cause (a), stating lying cause last.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 100. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) 200. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) 301. 302. 303							ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO			
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	· w	od, INJURY OCCURRED 20e thi.e Not work	PLACE OF INJURY (factory, street, affic	Home, form, 20f.	(City or tawn)	(Co	ounty) (State		
	21. I certify th	at I attended the dec	eased fram AUC	19.15	, to 10 1	1. 14, 195	that I las	t saw the decease		
	alive an	1101 14.1	2 4 7 , and that de	ath accurred at	11:50 AM, fr	am the causes ar	nd an the	date stated above		
		4 (1)	701.		ADDRES	\$ (Street, city or town	, state)	DATE SIGNE		
	ACTUAL SIGNATURE	Martual	Cottlet Engel	A.D.	BROAD	VAY				
	PHYSICIAN'S NAME (Type)	MARTIN RO	THSTEIN, M.	D	FROST	BURG, MD.	·	-		
22c	BUR AL, CREMATIC REMOVAL (Specify)	11-17-59	PORTER C	Y OR CREMATORY EMETERY		OCATION (City, tawn, EKCHART	or county)	(State)		
23.	FUNERAL DIRECTOR		ADDRESS		24o. REC'D BY RE		ISTRAR'S SIGI	NATURE		
	J. R. DU	JRST. FRO	STBURG. MD.		DATE NOV	1 8 '59	Chiling	& Kroma		

may be retained it haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then pleam remave carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs often death. eath. Page 4 DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft TO HOSPITAL OR

VS A1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2084 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY Allegany Maryland **b** COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Cumberland 25yrs.3mo.22das. × Rural - Frostburg d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Sylvan Retreat YES NO TA NAME OF 4. DATE Middle Month DECEASED Phillip OF DEATH Buck Yeider (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH AGE (In years lost birthday) 68 yrs IF UNDER 1 YEAR IF UNDER 24 HRS Months Feb.2.1891 Days Male White WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Maryland Retired Miner U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Yeider Sara Middelton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Nellie Krapf 106 W. Main, Frostburg, Md. no None None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE REMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO PA 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Egiter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) [County] (Stole) factory, street, office bldg., etc.) Hour a.m. Not while of work of work 21. I certify that I attended the deceased from Lend that death accurred at 4.25 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) James E. McLean, M.D. 49 Greene St.. Cumberland. Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) REMOVAL (Specify)
BUT 18 I Frostburg Memorial Park Frostburg. add .

Main. Frostburg Mdone NOV 2 4 '59

24g REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Hafer Funersal Home

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John J. Hafer, Cumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Cirilian S. Frank

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) O. STATE b. COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN |If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest lown) Cumberland DOA Oldtown Rd. #1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital DOA Rd#1 YES NO NAME OF First Middle 4. DATE Month Lost Day Year DECEASED OF DEATH (Type or print) 23 Martha Yonker Nov . 19 59 Ellen 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE Iln years IF UNDER TYEAR IF UNDER 24 HRS. lasty Boday May 11, 1883 Months Days Hours WIDOWED | DIVORCED T White Remale 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife Rawlings, Maryland USA Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Ellen McGowan Roland Ravenscraft 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rt. 1 Francis Yonker none no Oldtown, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion Sudden IMMEDIATE CAUSE (o) 420.1 DUE TO Coronary Sclerosis 14-14--Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY CATION PERFORMED? NO PA 20g. EXTERNAL CAUSE WAS PRIMARY GO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) e. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 77, Inquiry X, and find that death resulted from: Natural causes VI. Accident , Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER 1959 NAME (Type) Skitarelic. November 23 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Cumberland, Maryland 11/25/59 Hillcrest Burial Park Buria **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE NOV 3 0 '59

DATE

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Poo Dist No

		2000	V						Kog. o	1151. 140	•		
1. PLACE o. CO	PLACE OF DEATH o. COUNTY Allegany			MARYLANG		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md b. COUNTY Allegany							
b. cit	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)						(If outside corporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Miners Hospital			oddress)		/ d. STREET ADDRESS 291 Main St. Ext.					e. IS RESIDENCE ON A FARM? YES NO			
3. NAME DECEA (Type	OF ASED or print)	Grace	şt	Middle		Zais	4. DATE OF DEATH	Nov.	th.	16	,	Yeor 19 59	
5. SEX Fems	ale	%. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED E		pril 3, 188		9. AGE (In years lost birthdoy) yrs.	Months	R 1 YEAR Doys	Hours	ER 24 HRS Min.	
100. USU durin	AL OCCUPATION OF WORLD	ON (Give kind of work ling life, even if retired S	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	Maryland	or foreign co	untry)	12,CI	TIZENO		OUNTRY	
	er's NAME avid Ma	cfarline			1	4. MOTHER'S MAIDEN N		er			-		
15. WAS (Yes, no. or NO		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		dem Zais -W	estern		lress				
IVOLUTION IVOLUTION		the <u>under-</u>	DITIONS (Chroni a Chroni a Chroni a Contributing to DEATH B Mellitus CRIBE HOW INJURY OCCUR					VEN IN PA	3 RT 1(0)	PERFC	AUTOPSY PRIMED?	
₹ 20c. T											(State		
ACTU SIGN PHYS	JAL MATURE	at I attended the	19-19-19-19-19-19-19-19-19-19-19-19-19-1	ed framal 2 7 and that dec Les Mp	oth ac	corred at 550	M, fram I	the causes ar	nd an th	ne date	e stated		
220. BURI REMO		N, 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR C	REMATORY		ION (City, town,	ar county)	(Stol		
	RAL-DIRECTOR			ADDRESS Westernport	1.14	24a. REC'	D BY REGISTINOV 1 8	RAR 24b. REG	STRAR'S S		RE		

TO HOSPITAL OR AT NOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after that Page 4 may be retained by haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours often death.

VS A15 (4) 15M 9/58

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